

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27186

Registration District No. 77 Primary Registration District No. 52036 Registrar's No. 193

1. PLACE OF DEATH:
(a) County Cole
(b) City or town RURAL--Jefferson Twnshp
(c) Name of hospital or institution: R.F.D.#4, Jefferson City, Mo.
(d) Length of stay: In hospital or institution 59 years
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town RURAL
(d) Street No. R.F.D.#4, Jefferson City, Mo.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Bernard Joseph Robben

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lou Robben 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 23 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk in Secy of State Office

11. Industry or business

12. Name John B. Robben

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna A. Hoelterskinin
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. Robben
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Sept-1-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Sharp & Jordan
(b) Address Jefferson City, Missouri

19. (a) 9-4-45 (b) R.P. Davis md.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 30
year 45 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Duration 1 day

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed 9/4/45

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

File
6
0
0

SEP 7 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-6-45

SEP 12 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1786

P. O. Address Jefferson City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.