

No. 5-43
5-17-39
X 36671

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

State File No. 17300
Registrar's No. 4

FILED JUN 13 1946
Registration District No. 188

Primary Registration District No. 5699

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Avalon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home in Avalon, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
In this community Since 1916
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town city of Avalon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daisy E.I. Robison
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard Robison
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August 26th, 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 16 day May year 1946 hour 5:30 mi. PM M.
21. I hereby certify that I attended the deceased from April 18 1946 to May 16 1946
that I last saw her alive on May 14 and that death occurred on the date and hour stated above.

8. AGE (Years) Months Days If less than one day
71 8 19
hr. min.

Immediate cause of death
Impromp of Frank
Due to Diabetes Mellitus
Duration 2 mo

9. Birthplace Fairbault Co. Minnesota
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Don't know

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 61
Of autopsy _____

MOTHER FATHER
12. Name Theron C. Pond
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Anna E. Brown
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Richard Robison
(b) Address Avalon, Missouri
17. (a) Burial (b) Date thereof 5/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Avalon C. Avalon, Mo

22. If death was due to external causes, fill in the following:
(a) 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? _____

18. (a) Signature of funeral director Clifford W. Austin
(b) Address Tina, Missouri
19. (a) 5-17-46 (b) mo Earl Darr
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature A. Cellier (M. D. or other)
Address California Mo Date signed May 17/1946

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Clyde W. Quater
3233

Licensed Embalmer No.....

P. O. Address.....

June, Missouri

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.

Registration District No. 188

Primary Registration District No. 5699

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Avalon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Daisy E. J. Robinson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) Aug 26 (Day) _____ (Year)

8. AGE: Years 21 Months 8 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 17 1946 (b) Mrs. Carl D...
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M.

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

Duration

Due to _____

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) 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? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

17300