S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29956

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 90

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Marthasville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME WILLIAM THOMAS ROBISON

3. (b) If veteran, name war None

3. (c) Social Security No. 492-09-7289

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Hanna Robison

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased January (Month) 26 (Day) 1908 (Year)

8. AGE: Years 38 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Construction labor

11. Industry or business

FATHER
12. Name John O. Robison
13. Birthplace Perryville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Stella Pierie
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. T. Robison
(b) Address Marthasville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director Delmont Lichtenberg
(b) Address Marthasville, Missouri

19. (a) 9/13/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1946 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from April 1, 1946 to Sept 12, 1946 that I last saw him alive on Sept 12, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocarditis	Pres
Due to chr nephritis	2 years
Due to arteriosclerosis (genl)	3 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131B

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

23. Signature Herbert W. Schmidt (M. D. or other) MD
Address Marthasville, Mo Date signed 9-13-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-113
Date Filed 9-14-46

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 Delmont F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.