

No. 2  
12-45  
-17-39  
X47070

State File No. \_\_\_\_\_  
Registrar's No. 25-

FILED JAN 30 1947

Registration District No. 38 Primary Registration District No. 5120

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural, R.F.D. #2, Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
12 Mi. N.E. Columbia  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Rural R.F.D. #2  
(If outside city or town limits, write "RURAL")

(d) Street No. 12 Mi. N.E. of Columbia  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBINSON, Harvey Ambrose

3. (b) If veteran, name war No

3. (c) Social Security No. ---

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Laura

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

7. Birth date of deceased February 9 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>6</u>	hr. min.

9. Birthplace Boone County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Louis Robinson

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

14. Maiden name Anne Campbell

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

16. (a) Informant Mrs Nancy Pulis  
(b) Address Mexico, Mo

17. (a) Burial (b) Date thereof 1-17-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial, Park Cem.

18. (a) Signature of funeral director T. Curteen  
(b) Address Columbia, Mo

19. (a) 1-21-47 (b) Mrs R.E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1947 hour 8 minute 25 AM.

21. I hereby certify that I attended the deceased from Jan 15 1947 to Jan 15 1947  
that I last saw him alive on Jan 15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93D

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature [Signature] M.D. or other \_\_\_\_\_  
Address Columbia, Mo Date signed 1/16/47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed JAN 28 1947

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, \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lyman H. Spunk  
Licensed Embalmer No. 4013  
P. O. Address Columbia, 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.