

FILED MAR 10 1947

Registration District No. **98**

Primary Registration District No. **5365**

Registrar's No. **23**

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

1. PLACE OF DEATH:

(a) County Danville

(b) City or town Lincoln Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution R.F.D. # Trenton Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 82 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME DAVID HARL ROBINSON

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 Widowed

6. (b) Name of husband or wife Dora Munn

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

7. Birth date of deceased March 6, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>11</u>	<u>23</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace Wm. Mass Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

12. Name W. M. Robinson

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

14. Maiden name Virginia Turner

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

16. (a) Informant Howard Robinson

(b) Address Jackson, Mo

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

(c) Place: burial or cremation Memorial, Jackson, Mo

18. (a) Signature of funeral director J. B. Bailey

(b) Address Trenton Mo.

19. (a) 2-20-47 (b) Reginald M. Engelhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Danville

(c) City or town Paris, Jackson Twp
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # Trenton Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1947 hour 7:00 minute — M.

21. I hereby certify that I attended the deceased from Feb 15
1947 to Feb 15 1947

that I last saw him alive on Feb 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerosis

Due to —

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

Major findings: Of operations 947

Of autopsy —

Duration —

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) —

(e) Means of injury —

23. Signature J. B. Bailey (M. D. or other) —

Address Jackson Mo Date signed 2-19-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

112

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.....

Walter E. Meyer

Registered Apprentice No. *458*

working under my personal supervision.

Signed

Raymond A. Blum

Licensed Embalmer No. *3424*

P. O. Address *Juntura 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.