S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12431

Registration District No. 32 · Primary Registration District No. 4043 · Registrar's No. 25

1. PLACE OF DEATH:

(a) County BOLLINGER

(b) City or town MARBLE HILL, Lorance Twp.
(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 LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger 9

(c) City or town MARBLE HILL 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) 0

If yes, name country

3. (a) PRINT FULL NAME JAMES MONROE ROBINS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife FLORA A. ROBINS

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased DEC. (Month) 5 (Day) 1858 (Year)

8. AGE: Years 88 | Months 3 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace BOLLINGER Co. (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired lawyer

11. Industry or business

FATHER
12. Name GEORGE W. ROBINS
13. Birthplace (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name SUSAN RHODES
15. Birthplace (City, town, or county) No. CAROLINA (State or foreign country)

16. (a) Informant MRS. J. M. ROBINS
(b) Address MARBLE HILL, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 21 47 (Month) (Day) (Year)
(c) Place: burial or cremation Baker Cemetery

18. (a) Signature of funeral director ~~[illegible]~~ Mo
(b) Address Lutesville Baker Fun. Home

19. (a) Apr. 26-47 (Date received local registrar) (b) Willis Van Amburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19th
year 1947 hour 8:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from ~~Oct~~ Dec 20, 1946, to March 19th, 1947
that I last saw him alive on March 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterio sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations advanced age

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. W. Davault (M. D. or other) MD

Address Allenville Mo. Date signed March 25-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 547-642

Date Filed 15-6-47

JUL 20 1956

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 T. E. Graham

Licensed Embalmer No. 4010

P. O. Address .....

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.