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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 11 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**23814**

State File No. \_\_\_\_\_

Registration District No. **99**

Primary Registration District No. **5376**

Registrar's No. **23**

**1. PLACE OF DEATH:**

(a) County **DEKALB**  
(b) City or town **SANTA ROSA (RURAL)**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **50 YRS**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO.** (b) County **DEKALB 32**  
(c) City or town **RURAL SANTA ROSA**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Tallas Sp.**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CHARLES WILLIAM ROBINSON**

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **27**  
year **1947** hour **3** minute **14 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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

6. (b) Name of husband or wife **EMMA M. ROBINSON** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **NOV. 12 1872**  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Drowning** Duration \_\_\_\_\_

8. AGE: Years **74** Months **8** Days **15** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **DEKALB CO. MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

Due to **accidental**

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

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

11. Industry or business \_\_\_\_\_

12. Name **ANDREW J. ROBINSON**

13. Birthplace **KEN. TENN.**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARTHA J. ROBERTS**

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

Major findings: Of operations \_\_\_\_\_

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

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

16. (a) Informant **Mrs. Leimia Robinson**

(b) Address **Santa Rosa MO**

17. (a) **Burial** (b) Date thereof **7-29-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HOPKINSON CEM.**

18. (a) Signature of physician \_\_\_\_\_

(b) Address **Osborn MO**

19. (a) **7-28-47** (b) **Rosa Dandrea**  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **accident**

(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 **H. S. Gale** (M. D. or other) \_\_\_\_\_

Address **Osborn MO** Date signed **7/28**

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

2  
0  
0  
47  
cool

**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 \_\_\_\_\_

Cera [Signature]  
working under my personal supervision.

Registered Apprentice No. 485

Signed [Signature]

Licensed Embalmer No. 3960

P. O. Address Waymull 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.