No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 29 1948

Registration District No. 249

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20490

Primary Registration District No. 4439

Registrar's No. 175

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Clark
(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 years, months or days)
In this community Several months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Sturgeon 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Henry Clay Robinson
3. (b) If veteran, name war /
3. (c) Social Security No. /

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Nannie Ridgeway Robinson
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased 6 (Month) 7 (Day) 1863 (Year)

8. AGE: Years 85 Months — Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming + Trading
11. Industry or business Farming
FATHER
12. Name Jim Robinson
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant Brooksy Barton
(b) Address Clark Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pinecliff Cemetery
18. (a) Signature of funeral director Fred A Kempf
(b) Address Mexico Mo
19. (a) 6/22/48 (Date received local registrar) (b) Leah Wiltsie Lowe (Registrar's signature) 7/24

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1948 hour 8 minutes 6 M.

21. I hereby certify that I attended the deceased from 6/1/48, 19.... to 6/20/48, 19....; that I last saw him alive on 6/20/48, 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	3 wks
Due to: Arteriosclerosis, Chr. endocarditis	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 92 D	

PHYSICIAN — Underline the cause of 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) 2
While at work? (e) Means of injury
23. Signature O F Carroll Jr (M. D. or other) DO
Address Sturgeon Date signed 22 June 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-1129
Date Filed JUN 28 1948

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 [illegible]

Licensed Embalmer No. 3282

P. O. Address [illegible]

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.