

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39321
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 378
 (b) Township Burton Primary Registration District No. 5-5-28
 (c) City Highbee Mo. R. F. D. (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jonas A Robb
 (a) Residence, No. R. F. D. Highbee Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1860
 7. AGE YEARS 78 MONTHS 8 DAYS 2 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

FATHER 13. NAME John Robb
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo.
 MOTHER 15. MAIDEN NAME Virginia Dennis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs Tom Robb
 (ADDRESS) Highbee Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Log Channell DATE Oct 28th 38
 19. FUNERAL DIRECTOR Joe W Burton
 (ADDRESS) Highbee Mo.

20. FILED Dec. 8 1938 V. Q. Bonham
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:
Stroke
burn hot wood head
 Date of onset _____
 Other contributory causes of importance: 167
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury Oct 26, 1938
 Where did injury occur? Burton Co. Howard Co.
 (Specify city or town, county, and State) Mo
 Specify whether injury occurred in industry, in home, or in public place. in home
 Manner of injury shot thru of head
 Nature of injury shot off side of head
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. S. Hawkins M. D.
 (Address) Highbee Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/2/38

STATEMENT BY LICENSED EMBALMER

I, L. J. Mente, Licensed Embalmer No. 2232

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed L. J. Mente
Licensed Embalmer No. 2232

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.)