

FILED APR 22 1940

Registration District No. 221280

Primary Registration District No. 3015

Registrar's No. 24

1. PLACE OF DEATH:
 (a) County COOPER
 (b) City or town BOONVILLE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ONE DAY
 In this community THREE YEARS
 (Specify whether years, months or days) 3-2

3. (a) PRINT FULL NAME JOHN ALEXANDER 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 MINNIE ROBINSON 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased SEPTEMBER 19 1872
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>30</u>	_____ hr. _____ min.

9. Birthplace HOWARD COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business MACHINE SHOP

MOTHER FATHER {
 12. Name FRANK ROBINSON
 18. Birthplace COLUMBIA MISSOURI
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John A. Robinson Jr.
 (b) Address Boonville Mo.

17. (a) BURIAL (b) Date thereof MARCH 20th
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ROBINSON-HOWARD COUNTY

18. (a) Signature of funeral director STEGNER & KOENIG
 (b) Address BOONVILLE MO.

19. (a) 3-19-40 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County COOPER
 (c) City or town BOONVILLE
 (If outside city or town limits, write "RURAL")
 (d) Street No. 120 HIGH STREET
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18th
 year 1940 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 3-11-40, 1940, to 3-18-40, 1940;
 that I last saw him alive on 3-18-40, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration 7 days

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Labor Pneumonia PHYSICIAN _____
 Of operations _____ Underline the cause to which death should be charged statistically.
 Of autopsy _____

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)
 (c) Means of injury _____
 23. Signature T. C. Beckert MD (M. D. or other) _____
 Address Boonville, Mo Date signed 3-19-40

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

REV. 5-17-39 I x19511

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.

RECEIVED
District Health Officer No. 8,
License File Number
Date Filed 4-11-40

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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, above space should be left blank.