

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15775

State File No. _____

Registration District No. 668

Primary Registration District No. 5898

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Longwood, neighbor hood
(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 55 yrs years, months or days

3. (a) PRINT FULL NAME ANDREW ROBINSON 152

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

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

6. (b) Name of husband or wife Anna Robinson 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct 23 1884 (Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Eliza Robinson

13. Birthplace Saline Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Rebecca W. Smith

15. Birthplace Saline Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Anna Robinson

(b) Address Marshall Mo RR 1

17. (a) Burial (b) Date thereof April 8 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem

18. (a) Signature of funeral director F. Ferguson

(b) Address Saline

19. (a) 4-6-40 (b) Mrs Harry Sneed (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Longwood Wells Creek Township (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1940 hour 1 minute 5 A.M.

21. I hereby certify that I attended the deceased from Nov 18 1939, to Apr 4 1940;

that I last saw him alive on Apr 4 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to Pulmonary Tuberculosis 9 mos

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature John M. Neish (M. D. or other) _____
Address Longwood Date signed 4/5/40

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

80

MOTHER FATHER

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-15-40

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

F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address

Delphia

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.