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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32808

State File No. _____

Registration District No. 668

Primary Registration District No. 3028

Registrar's No. 302

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 N. Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 208 N. Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Chas. Robinson

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 17 - 1940
(Month) (Day) (Year)

8. AGE: Years out 67 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Cooper Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 9

11. Industry or business _____

12. Name Henry Taylor 9

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Anderson

(b) Address 208 N. Washington

17. (a) Removal (b) Date thereof 9-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweeney, Mo.

18. (a) Signature of funeral director Prise Alexander

(b) Address 400 W. Copth. Sedalia, Mo.

19. (a) 9/19/40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th year 1940 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept 5, 1940, to Sept 17, 1940 that I last saw him alive on Sept - 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Aortic Insufficiency 6 Mo.

Due to Arterio Sclerosis

Due to Senility

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

Major findings: Of operations _____ 92H

Of autopsy _____

Duration

About 6 Mo.

PHYSICIAN

Underline the cause to 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? _____

At home (Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature A. R. Maddox (M. D. or other) M.D.

Address 116 1/2 W. Main Date signed 9-19-40

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-40

Trade

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.....

J. Paul Alford
working under my personal supervision.

....., Registered Apprentice No.....

Signed *J. P. Alford*

Licensed Embalmer No. *3592*

P. O. Address *Bedford*

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.