

2
10-39
-39
C21492

State File No.

Registration District No. 526

Primary Registration District No. 5700

Registrar's No.

1. PLACE OF DEATH:

(a) County Macou
(b) City or town Atlanta
(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
In this community all his life years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Macou
(c) City or town Atlanta Rural
(If outside city or town limits, write "RURAL")
Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

FILED
DEC 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Sept
year 1940 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 24
24, 1940 to Sept 24, 1940
that I last saw him alive on Sept 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound
Due to I think Accident
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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) Accident
(b) Date of occurrence Sept 24 - 1940
(c) Where did injury occur? Atlanta mo R.F.D.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm of employer
While at work? yes (Specify type of place)
(e) Means of injury Gun shot
23. Signature G. C. Lytle (M. D. or other)
Address Atlanta mo Date signed 8-25-40

3. (a) PRINT FULL NAME Wm. B. 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Feb. 17 - 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 7 Days 7
If less than one day .hr. min.

9. Birthplace Macou Co - mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business Farmer

12. Name Hiram Robinson
18. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Anna Wilson
15. Birthplace mo
(City, town, or county) (State or foreign country)

16. (a) Informant Olga Griffin

(b) Address Atlanta mo

17. (a) Burial (b) Date thereof 9-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Labor cemetery

18. (a) Signature of funeral director Hugh Woodring
(b) Address Atlanta mo

19. (a) Sept 27 - 1940 (b) W. C. McNeely
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2205

Date Filed DEC 17 1940

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

Theo. H. Goodding

Licensed # 3982
Registered Apprentice No.

working under my personal supervision.

Signed

Theo. H. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta, Ga.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.