No. 2
1-4-41
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31600

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 772

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 hrs. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 236 W. Commercial (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HOWARD E. ROBINSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. 499-07-8977

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Jan. (Month) 21 (Day) 1910 (Year)

8. AGE: Years 31 Months 8 Days 5 If less than one day hr. min.

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

10. Usual occupation Auto Mechanic

11. Industry or business mechanical

FATHER
12. Name Edd C. Robinson
13. Birthplace Pulaski Co Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Floyd
15. Birthplace Springfield Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Edd C. Robinson

(b) Address R#10. Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 29-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem

18. (a) Signature of funeral director J. W. Klingner & Co

(b) Address Springfield Mo.

19. (a) 9-29-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9/26 1941 to 9/26/41 19 ; that I last saw him alive on 9/26/41 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Overdose of soporific agent

Due to nature never determined

Due to Patient received from Police - never regained consciousness

Other conditions (Include pregnancy within 3 months of death) no history obtainable except police record showing call to investigate sick man at 236 W. Comcl received at 7 46 am 9-26-41.

Major findings Of operations

Of autopsy

Duration

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) at 236 W. Comcl

(b) Date of occurrence what deceased had stayed after loosing WPA job.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? 133 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. E. Holder (M. D. or other)

Address Springfield Date signed 9/27/41

984

(Licensed Embalmer's Statement on Reverse Side)

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. Roy A. Baum,

Licensed Embalmer No. 1763

P. O. Address Springfield Mo

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

If this body is not embalmed, fact should be so stated above.

X