

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

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 7 1941

Registration District No. 684

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

35785

Primary Registration District No. 5912

Registrar's No.

31

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Near Cyrene Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 82-2-0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Bowling Green Mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Joseph R. Robinson

(b) If veteran, name war No

(c) Social Security No. No

4. Sex Male

5. Color or race White

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

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

6. (b) Name of husband or wife Mary Elizabeth Robinson

7. Birth date of deceased Aug. 20 - 1859
 (Month) (Day) (Year)

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

8. AGE: Years 82 Months 1 Days 18

9. Birthplace Near Bowling Green Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

MOTHER FATHER { 12. Name Mrs. Robinson

13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Herring

15. Birthplace Near Bowling Green Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Gay Henderson

(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 10-10-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Care

18. (a) Signature of funeral director W. B. Clouse

(b) Address Bowling Green Mo

19. (a) 10-10-41 (b) W. B. Clouse
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8
 year _____ hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from Sept 10, 1941, to Oct 8, 1941;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic Pneumonia
Cerebral Apoplexy
 Due to _____
 Due to _____

Duration

3 days
30 days

Other conditions (include pregnancy within 3 months of death) 430

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) _____
 (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 W.O.

23. Signature W. M. Mathews (M. D. or other)
 Address Bowling Green Mo Date signed 10/14/41

RECEIVED

District Health Officer No. 10

District File Number 11-41-1962

Date Filed NOV 7 1941

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 M. B. C. Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.