No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35843

Registration District No. 7-2-2 Primary Registration District No. 5-5-3-5952 Registrar's No.

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural near Mendota (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #1 / Lincoln (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam 86
(c) City or town Mendota, Mo. "Rural" (If outside city or town limits, write "RURAL")
(d) Street No. One mile east of Mendota, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM THOMAS ROBBINS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA JANE ROBBINS
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased APRIL (Month) 15 (Day) 1867 (Year)

8. AGE: Years 73 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Putnam Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business Coal Mine
FATHER
12. Name JOHN ROBBINS
13. Birthplace Dont Know (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Jane Sparks
15. Birthplace Putnam Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Emma Jane Robbins
(b) Address Mendota Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Livonia Mo
18. (a) Signature of funeral director Lester E Best
(b) Address Cincinnati Iowa
19. (a) October 27 (Date received local registrar) (b) Eunice Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1941 hour 8:00 minute 25 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute endocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

916

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

23. Signature B. Jones Coroner (M.D. or other)
Address Unionville, Mo. Date signed 10-24-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1941

RECEIVED
District Health Officer No. 10
District File Number 11-41-2086
Date Filed NOV 15 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 myself

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

working under my personal supervision.

Signed Leslie E. Best

Licensed Embalmer No. 2944

P. O. Address Cincinnati Ohio

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.