DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35848

Registration District No. 727 Primary Registration District No. 5959 Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls.

(b) City or town Perry, Missouri R.F.D. (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ralls County, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls.

(c) City or town Rural (Saltriver Township)
(If outside city or town limits, write "RURAL")

(d) Street No. Perry, Missouri R.F.D.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME W. A. Robinson.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nancy Robinson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September-24-1867.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	0	24	hr. min.

9. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

FATHER
12. Name George Robinson.
13. Birthplace Bath Co., Kentucky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Ann Robinson
15. Birthplace Bath Co., Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs W. A. Robinson
(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 10/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lick Creek Cemetery.

18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address Perry, Missouri.

19. (a) 10-18-41 (b) Clyde C. Wilkey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 18th, year 1941 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 8-11-, 1941, to 10-16-, 1941; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

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

54 b

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 R E Suter (M. D. or XXX)
Address Perry, Missouri Date signed 10-18-41

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PRINT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 11-41-2087
Date Filed NOV 19 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~~ Clyde C. Wilkey, Registered Apprentice No. working under my personal supervision.

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry Mo.

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.