

FILED FEB 16 1942

Registration District No. 347 355 Primary Registration District No. 5497

Registrar's No. ....

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

1. PLACE OF DEATH  
 (a) County Henry  
 (b) City or town La Rue  
 (c) Name of hospital or institution: in La Rue Davis Twp.  
 (d) Length of stay: In hospital or institution 40 yrs  
 In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Henry  
 (c) City or town La Rue  
 (d) Street No. ....  
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Robert H Robison  
 (b) If veteran, name war. .... (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 20  
 year 1942 hour 2 minute 00 P.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife Martha A. (c) Age of husband or wife if alive 5 years  
 7. Birth date of deceased (Month) 1 (Day) 5 (Year) 1860

21. I hereby certify that I attended the deceased from Oct. 3 1942 to Jan 18 1942  
 that I last saw him alive on Jan 18 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 0 Days 15 If less than one day hr. min.

Immediate cause of death Arteriosclerosis  
 Due to 97  
 Other conditions (Include pregnancy within 3 months of death) 97

9. Birthplace Marion Co Mo  
 10. Usual occupation Farmer

MOTHER FATHER  
 12. Name Unknown  
 13. Birthplace Unknown  
 14. Maiden name Unknown  
 15. Birthplace Unknown

Major findings:  
 Of operations 97  
 Of autopsy 97

16. (a) Informant Carl Robison  
 (b) Address St. Louis Mo  
 17. (a) Burial (b) Date of 1 22 42  
 (c) Place: burial or cremation La Rue cem  
 18. (a) Signature of funeral director Fred Williamson  
 (b) Address Clinton Mo  
 19. (a) Jan. 23, 1942 (b) Georgia Kitehen  
 (c) 1067

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) 97  
 (b) Date of occurrence 97  
 (c) Where did injury occur? 97  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? 97 (e) Means of injury 97  
 23. Signature W.E. Baggard (M. D. or other) Mo  
 Address Montrose Mo Date signed 1-22-42

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-42-57

Date Filed 1-10-42

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 Fred Wickman

Licensed Embalmer No. 2478

P. O. Address Cluden Ma

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, fact should be so stated above.