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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 83

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 5993

Registrar's No. 175

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

1. PLACE OF DEATH:

(a) County Buchanan,

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 45 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

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

(d) Street No. 2738 Mitchell Avenue,
(If rural, give location)

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

3. (a) PRINT FULL NAME Benjamin J. Robinson,

3. (b) If veteran, name war None, 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 Jessie E. Robinson, 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 5th, 1872
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	6	14	hr. min.

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

10. Usual occupation Contractor,

11. Industry or business Painting,

FATHER
12. Name Unknown,
13. Birthplace Unknown,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Benj J. Robinson
(b) Address 2738 Mitchell Avenue,

17. (a) Burial (b) Date thereof 2/21/42,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cem. Gower, Mo.

18. (a) Signature of funeral director Heaton-Bergale & Bowman Funeral
(b) Address 319 So. 10th. Street, Home

19. (a) Feb 21, 1942 (b) H J Mettebrink
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th.
year 1942 hour 11:00 minute 10 a.M.

21. I hereby certify that I attended the deceased from February 11, 1942 to February 19, 1942
that I last saw him alive on February 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage with Bronchial Pneumonia — Duration 8 days

Due to Arterial Sclerosis of Chronic Nephritis — No Facts

Due to

Other conditions
(Include pregnancy within 3 months of death) 131 b

Major findings:
Of operations

Of autopsy Cerebral Hemorrhage Chronic Nephritis Bronchial Pneumonia

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 John S Wisser (M. D. or other)

Address 109 1/2 N 8th St Joseph Mo Date signed 2/26/42

(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 2-19-42

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

working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 Saint Joseph 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, fact should be so stated above.