V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1942

Registration District No. 274

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4063

State File No. 15041

Registrar's No.

1. PLACE OF DEATH:

(a) County NEW MADRID

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County new Madrid 72

(c) City or town LILBOURN, MO. 2
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES D ROBISON

3. (b) If veteran, name war NON

3. (c) Social Security No. NON

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Julia Robison

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

7. Birth date of deceased DEC (Month) 8 (Day) 1846 (Year)

8. AGE:

Years	Months	Days	If less than one day
95	3	I	hr. min.

9. Birthplace MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business NON

FATHER
12. Name DAVID ROBISON
13. Birthplace DONT KNOW 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace DONT KNOW 4
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN ROBISON
(b) Address LILBOURN, MO.

17. (a) BURRIED (Burial, cremation, or removal) (b) Date thereof 3/ II 194 (Month) (Day) (Year)
(c) Place: burial or cremation MOUNDS CEMETARY

18. (a) Signature of funeral director [signature]
(b) Address Lilbourn MO

19. (a) 4-2-42 (Date received local registrar) (b) Mrs. J. L. Parrett (Registrar's signature)

1276

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9 1942
year hour 8 .30 minute A.M. M.

21. I hereby certify that I attended the deceased from Mar 1, 1942, to Mar 9, 1942;
that I last saw him alive on Mar 7, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	3 wks
Due to 33a	
Due to	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	

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? —
(Specify type of place)
While at work? — (e) Means of injury — 0

23. Signature E. E. Jones (M. D. ~~or other~~)
Address Lilbourn Mo Date signed 2-10-42

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.