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FILED MAY 27 1949

Registration District No. ....

Primary Registration District No. 5135

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Black River Camp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff Williamsite  
(If outside city or town limits, write "RURAL")  
(d) Street No. # R #1  
(If rural, give location)  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Everett Lawrence Robinson

3. (b) If veteran. name war..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased May 26 1938  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>			hr. min.

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

10. Usual occupation Child

11. Industry or business.....

12. Name James Robinson

13. Birthplace Butler County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Steed

15. Birthplace St. Francis County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James Robinson

(b) Address Poplar Bluff Mo.

17. (a) Burial (b) Date thereof 4-29-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hugh Cemetery

18. (a) Signature of funeral director Frank Martyn

(b) Address 412 Vine St. Poplar Bluff

19. (a) 4-29-42 (b) Belle...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4-21-1942 to 4-28-1942

that I last saw him alive on 4-21-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia  
Duration

Due to influenza

Due to.....

Other conditions (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?

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

23. Signature W. H. Thompson (M. D. or other)

Address Poplar Bluff Mo. Date signed 4-28-42

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

1200

RECEIVED  
District Health Office No. 2  
District File Number 542-659  
Date Filed 5-20-42

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~~  
Body was not Embalmed., Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. Poplar Bluff, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17555

Registration District No. 89

Primary Registration District No. 5135

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Rural  
(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, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler  
(c) City or town Williamsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#1 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Everett L Robinson

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 s

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 26 1938  
(Month) (Day) (Year)

8. AGE: Years 4 Months - Days - If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 1942 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Bronchial - Pneumonia  
Influenza

Due to \_\_\_\_\_

Due to acute pneumonia was due to influenza.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Wm Hancherson M. D. or other \_\_\_\_\_  
Address Galy 11 Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

