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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 231

Primary Registration District No. 5315

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

298  
008

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

**1. PLACE OF DEATH:**  
 (a) County Crawford  
 (b) City or town Steelville, (Rural) Union  
 (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 9 years. (years, months or days)

3. (a) PRINT FULL NAME J. W. ROBINSON

3. (b) If veteran, name war No. 8. (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 Katie Robinson  
 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased March 18, 1880  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>9</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Lumberman

11. Industry or business Lumbering

MOTHER FATHER  
 { 12. Name Absalom Robinson  
 { 13. Birthplace Unknown 9  
 { 14. Maiden name Josephine Parks  
 { 15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Robinson  
(b) Address Steelville, Missouri.

17. (a) Burial (b) Date thereof 12/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Des Arc Missouri.

18. (a) Signature of funeral director Walter Robinson  
(b) Address Sullivan, Missouri

19. (a) 1-8-42 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri. (b) County Crawford  
 (c) City or town Steelville, (Rural) Union  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
year 1941 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 8  
1941 to Dec 27 1941;  
that I last saw him alive on Dec 26 (9 P.M.) 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lympho-Sarcoma

Due to 552

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 Walter Robinson (M. D. or other)  
Address Sullivan, Mo. Date signed \_\_\_\_\_

Duration  
Physician  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No 5,

District File Number 442369

Date Filed 7-24-42

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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

*Edgar W. Laffoon*

Licensed Embalmer No. 2394

P. O. Address Sullivan

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.