V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21693

FILED JUL 22 1942

Registration District No. 3-14 Primary Registration District No. 5683 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Sidney Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 72 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Livingston
(c) City or town Sidney Rural (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Geo Henry 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 Married
6. (b) Name of husband or wife Alice Robinson
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July (Month) 4 (Day) 1869 (Year)
8. AGE: Years 72 Months 10 Days 7 If less than one day ..... hr. ..... min.
9. Birthplace Sidney Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER 12. Name Wm Robinson
FATHER 13. Birthplace Chester England (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Portland
MOTHER 15. Birthplace England (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Geo Robinson
(b) Address Sidney Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Monroe Center
18. (a) Signature of funeral director Bennett Mead
(b) Address Braymer, Mo
19. (a) June 15-42 (Date received local registrar) (b) Hannah Copple (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1942 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 14 1942 to June 11 1942 that I last saw h. alive on June 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Stomach — 1 yr
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) H6P
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
23. Signature Geo Morse (M. D. or other)
Address Sidney Mo Date signed 6-13

1004 (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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Bremyner, 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.