DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22562

State File No.

Registration District No. 906, Primary Registration District No. 4547 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: 0 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Hartville (Rural) 0 (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 Alfred Eli Robinett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Minnie Robinett

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

7. Birth date of deceased November (Month) 18 (Day) 1857 (Year)

8. AGE: Years 85 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name James Robinett

13. Birthplace unknown (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name Amanda Bennett

15. Birthplace unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant's own signature Bertha Pierson

(b) Address Oildale, California

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 25-42 (Month) (Day) (Year)

(c) Place: burial or cremation Hartville Cemetery

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartville, Mo.

19. (a) 6-24-42 (Date received local registrar) (b) W. E. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1942 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from June 6, 1942, to June 23, 1942 that I last saw him alive on June 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Diabetes Mellitus~~ — Duration 1 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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 J. R. Watt (M. D. ~~or other~~)

Address Hartville Mo. Date signed 6/24/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 6,
District File Number 742-927
Date Filed JUL 10 1942

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartville, 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, above space should be left blank.