

FILED OCT 13 1942
Registration District No. **284**

Primary Registration District No. **5866**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Oregon**
 (b) City or town **Myrtle**
(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 years, months or days)

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

3. (a) PRINT FULL NAME **George W. 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 **May E. Barnes** 6. (c) Age of husband or wife if alive **65** years
 7. Birth date of deceased **April 17 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	3	17	hr. _____ min. _____

9. Birthplace **Myrtle Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
 12. Name **G. W. Robinson**
 13. Birthplace **Louisiana**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary J. Taylor**
 15. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Geo. W. Robinson**
 (b) Address **Myrtle, Mo.**

17. (a) **Burial** (b) Date thereof **9/5/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Myrtle Cem.**

18. (a) Signature of funeral director **Geo. Dan**
 (b) Address **Thayer, Mo.**

19. (a) **9-10-42** (b) **Gae D. Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug.** day **4**
 year **1942** hour **9** minute **15 A. M.**

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

Immediate cause of death
Carcinoma of low E. melanoma
with gland of test
chronic Myocarditis
Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) **53**

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 **Q**

23. Signature **W. Cooper** (M. D. or other) **M.D.**
 Address **Thayer, Mo.** Date signed **Sept 1 1942**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

25
00

RECEIVED

District Health Officer No. 5,

District File No. 104 2903

Date Filed 10/7/42

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.....
....., 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, fact should be so stated above.