

FILED DEC 7 1942

Registration District No. 341

Primary Registration District No. 3075-

Registrar's No. 48

103  
3  
1

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter  
(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 Missouri (b) County Stoddard

(c) City or town Dexter  
(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 Robert Lee Robinson,

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

4. Sex Male 5. Color or Race Colored 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mrs. R. L. Robinson, 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 1st, 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hollygrove Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

12. Name unknown

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 W. H. Dixon,

(b) Address Dexter, Mo.

17. (a) Burial \_\_\_\_\_ (b) Date thereof 10.10.42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter,

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 11-12-42 (b) Nora Smith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9  
year 1942 hour 9 minute 30A M.

21. I hereby certify that I attended the deceased from Oct. 1st  
1942 to Oct 9 19 42  
that I last saw him alive on Oct 7 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death... Acute heart failure

Due to Hypertensive  
Due to Cardiovascular disease

Other conditions... (Include pregnancy within 3 months of death)

Major findings:  
Of operations 9321  
Of autopsy \_\_\_\_\_

Duration  
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) \_\_\_\_\_ (Means of injury)  
23. Signature George J. Schaefer (M. D. or other)  
Address Dexter, Mo. Date signed Oct 10 42

RECEIVED

District Health Office No. 2

District File Number 1242-1513

Date Filed 12-5-42

*Schiff*

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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 *B J Brentlinger*.....

Licensed Embalmer No. *4201*.....

P. O. Address *Dexter, 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.