S. No. 2
M—5-42
v. 5-17-39
I X32873

72
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN -5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41426

Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 98

1. PLACE OF DEATH: New Madrid
(a) County
(b) City or town Matthews - Big Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R# I
(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) 7 years

2. USUAL RESIDENCE OF DECEASED: 72
(a) State Missouri (b) County New Madrid 0
(c) City or town Matthews 0
(If outside city or town limits, write "RURAL")
(d) Street No. R# I
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME Charles 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 Annie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 17 (Day) 1881 (Year)

8. AGE: Years 61 Months 7 Days 4 If less than one day hr. min.

9. Birthplace West Plains Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Don Ozment
FATHER
12. Name David Robinson
13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Frona Tilson
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)
16. (a) Informant Wife
(b) Address Matthews Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Cureall cemetery
18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikeston, Mo
19. (a) Dec. 23, 1942 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21
year 1942 hour 11 P.M. minute M.
21. I hereby certify that I attended the deceased from 11/1, 1942, to 11/21, 1942;
that I last saw him alive on 11/19, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 b

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 0
23. Signature M C Mill (M. D. or other) DO
Address Sikeston, Mo. Date signed Dec 2

1031 (Licensed Embalmer's Statement on Reverse Side) 42

RECEIVED
District Health Office No. 2,
District File Number 143-39
Date Filed 1-4-42

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 W. C. Coy

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

JAN 6 1943

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.