

V. S. No. 2
50M-542
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18565

State File No.

FILED JUN 11 1943
Registration District No. 233

Primary Registration District No. 4384

Registrar's No.

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Skidmore
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway
(c) City or town Skidmore
(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 0

3. (a) PRINT FULL NAME Charles Woodford Robbins

3. (b) If veteran, name war 76 3. (c) Social Security No. None

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced DM

6. (b) Name of husband or wife Margaret Molder Robbins 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan 23 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 8 hr. min.

9. Birthplace Onida Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business

12. Name Levi Robbins

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

14. Maiden name Julia Fisher

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

16. (a) Informant Mrs Margaret Molder Robbins

(b) Address Skidmore Missouri

17. (a) Burial (b) Date thereof 5-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Emballer
(b) Address 157 South Main Marshall Mo

19. (a) May 2-43 (b) Mrs Ralph Sutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1943 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 15 1943 to May 1 1943
that I last saw him alive on April 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Cerebellar Ataxia 3 Mo.

Due to Arteriosclerosis ?

Other conditions (include pregnancy within 5 months of death)

Major findings:
Of operations 87
Of autopsy 87

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) (a) Means of injury 3

23. Signature R. H. Briston (M. D. or other) Dr.
Address Skidmore, Mo. Date signed 5/2/43

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

MOTHER FATHER

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Maryville 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.