

Registration District No. **47**

Primary Registration District No. **3005**

Registrar's No. **104**

1. PLACE OF DEATH:  
(a) County **Ballaway**  
(b) City or town **Fulton**  
(c) Name of hospital or institution: **State Hospital 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **54-1M-4d**  
(Specify whether years, months or days)  
In this community **54-1M-4d**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **Randolph**  
(c) City or town **Makesley**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **710 N. Aust St 2**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **David J. Robinson**  
3. (b) If veteran, name war **DK**  
3. (c) Social Security No. **DK**

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month **March** day **18**  
year **1944** hour **8:55** minute **9** M.  
21. I hereby certify that I attended the deceased from **11-1-42**, 19 to **3-18**, 19 **44**  
that I last saw him alive on **3-18**, 19 **44**  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **2 widower**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 8 1868**  
(Month) (Day) (Year)

Immediate cause of death: **acute hemorrhagic pancreatitis**  
Due to **Bronchial Pneumonia (Bilateral)** 8 da  
Due to **Chronic Parenchymatous Nephritis, Generalized Arteriosclerosis** 2 YRS  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **as above** | 31 hr  
Of autopsy **YES**

8. AGE: Years Months Days If less than one day  
**75 8 10** hr. min.

9. Birthplace **Pa.** (City, town, or county) (State or foreign country)  
10. Usual occupation **retired farmer**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **John Robinson,**  
13. Birthplace **Pa.** (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_ (State or foreign country)  
15. Birthplace **Pa.** (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Record**  
(b) Address \_\_\_\_\_  
17. (a) **Jurnal** (b) Date thereof **March 24 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hospital 2**  
18. (a) Signature of funeral director **E. G. Thomas**  
(b) Address **302 N. 1st St. Fulton MO**  
19. **March 24 1944** (b) **Jane Moravsky**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **J. B. Stokes** (M. D. or other) \_\_\_\_\_  
Address **Fulton** Date signed **3/18/44**

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

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-18-44

**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.**