

S. No. 2
DM-5-43
v. 5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18384

FILED JUN 12 1944
Registration District No. 755

Primary Registration District No. 5578

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Wells City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Wells City, R #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Albert 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 Widowed

6. (b) Name of husband or wife Widowed

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 6 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 6 21 hr. min.

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

10. Usual occupation Retired

11. Industry or business Mill Man

12. Name Jas M Robinson

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

14. Maiden name Mary A. Warren

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

16. (a) Informant Purcell Robinson

(b) Address R #1 Wells City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cem

18. (a) Signature of funeral director Wells City Und Co

(b) Address Wells City

19. (a) May 31, 1944 (Date received local registrar) J. L. Gillis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Wells City 4.7
(If outside city or town limits, write "RURAL")

(d) Street No. R #1 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1944 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from May 24 1944 to May 27 1944 that I last saw him alive on May 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

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

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 _____

23. Signature W. L. Gillis (M. D. or other) DO
Address Wells City, Mo Date signed 5/31/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

44-5-478

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 myself,

Registered Apprentice No. _____

working under my personal supervision.

Signed Clayton M Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.