S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27358

State File No.

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 264

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL – Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —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 59 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 12

(a) State MO (b) County BUTLER 0

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Mi W. POPLAR BLUFF MO
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JAMES WM. ROBINSON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife JESSIE ROBINSON

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JAN (Month) 15 (Day) 1887 (Year)

8. AGE: Years 57 Months 6 Days 16 If less than one day hr. min.

9. Birthplace WAYNE CO (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation RETIRED MERCHANT

11. Industry or business

FATHER
12. Name JOHN ROBINSON
13. Birthplace (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name NANCY REED
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Jessie Robinson
(b) Address RFD 2 Poplar Bluff Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG (Month) 3 (Day) 1944 (Year)
(c) Place: burial or cremation MT ZION CEM

18. (a) Signature of funeral director N F Phelps
(b) Address Poplar Bluff Mo

19. (a) 8-15-44 (Date received local registrar) (b) Belle Dinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 1ST year 1944 hour 1 minute 46 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Unknown	
Due to Adeno carcinoma & Metastasis of neck	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55	
Of autopsy	

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 A D Markel M.D. (M. D. or other)

Address Poplar Bluff Mo Date signed

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 844-1160
Date Filed 8-30-44

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 N T Dhopr

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff 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.