

S. No. 2
M-5-43
7-5-17-39
P I X36671

FILED OCT 11 1944

Registration District No. **20**

Primary Registration District No. **5450**

Registrar's No. **100**

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

1. PLACE OF DEATH:
 (a) County Gentry - Miller Imp.
 (b) City or town King City Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether)
 In this community 57 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County Gentry
 (c) City or town King City Mo. R.R. #2.
(If outside city or town limits, write "RURAL")
 (d) Street No. Miller Township
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME John Robison.
 3. (b) If veteran, name war No 3. (c) Social Security No. No.
 4. Sex Male 5. Color or race Cau. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 64. years
 7. Birth date of deceased Nov. 22 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 19.
 year 1944 hour 2 minute P. M.
 21. I hereby certify that I attended the deceased from January
1944 to Sept 19, 1944;
 that I last saw h. im. alive on Sept 19, 1944;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 9 27 hr. min.

Immediate cause of death
Carcinoma of
Stomach & duodenum
 Due to Anemia from repeated
hemorrhage
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Bates Co. Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer.
 11. Industry or business

MOTHER, FATHER {
 12. Name James Robison.
 13. Birthplace Union Star Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Mattie Cowen.
 15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: H&E
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant King City Mo. R R.
 (b) Address
 17. (a) Burial. (b) Date thereof 9.21.1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation King City Mo.
 18. (a) Signature of funeral director R. S. Taggart.
 (b) Address King City Mo.
 19. (a) Sept 23 1944 (b) Harold D. Thibet
(Date received local registrar) (Registrar's signature)

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 3
 23. Signature Dr. Paul G. Barnes (M. D. or other) DO.
 Address King City, Mo. Date signed 9/22/44

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APR 21 1948

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.....

R. G. Tappart

Licensed Embalmer No. 2563.

P. O. Address King 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.