

FILED JAN 9 1945
Registration District No. **14945**

Primary Registration District No. **4234**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Ironton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Marys of the Oparks**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **One month**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Farmington**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **3**
year **1944** hour **5** minute **40** A.M.
21. I hereby certify that I attended the deceased from **Dec 29**
1944 to **Dec 3** **1944**
that I last saw him alive on **Dec 2** **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Keepardetes** Duration **110h.**
Due to **Appendiceal Abscess** **6 wks.**
Due to **Acute Appendicitis** **10 da.**

Other conditions **Excision of ovary** **20 da**
(Include pregnancy within 3 months of death)
Major findings: **Appendicitis** **Nov 1 1944** **PHYSICIAN**
Of operation **Appendiceal abscess**
Hemorrhagic exudate
Of autopsy **12112**
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **OPES FLOYD ROBINSON**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **498-16-6312**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Robinson** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **June 15, 1880**
(Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Bonne Terre Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business _____

12. Name **Daisy S. Robinson**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan J. Johnson**
15. Birthplace **Polk Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Forrest Robinson**
(b) Address **Farmington, MO.**

17. (a) **Burial** (b) Date thereof **Dec 6, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Francis Memorial Park**

18. (a) Signature of funeral director **Miller Funeral Home**
(b) Address **Farmington, MO.**

19. (a) **Dec 5, 1944** (b) **Mrs. Marie E. Davis**
(Date received local foristral) (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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **Geo. R. Walters** (M. D. or other) _____
Address **Farmington Mo.** Date signed **12-5-44**

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

7-10

1365

RECEIVED

District Health Officer No. 4
District File Number 145-44
Date filed 1-8-45

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 Burl J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.