

No. 2
8-13
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41889

State File No. _____

FILED DEC 26 1944

Registration District No. _____

Primary Registration District No. 4466

Registrar's No. 3-6

1. PLACE OF DEATH: **PIKE**
 (a) County **PIKE**
 (b) City or town **Bowling Green Mo**
 (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 _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Pike 22**
 (c) City or town **Bowling Green**
 (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 _____

3. (a) PRINT FULL NAME **JAMES ROBINSON**
 3. (b) If veteran, name war **X** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **11** day **18**
 year **1944** hour **6** minute **P** M.
 21. I hereby certify that I attended the deceased from **1944** to **11/18/44**
 that I last saw him alive on **11/17** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **col.** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Maria Robinson** 6. (c) Age of husband or wife if alive **no data** years
 7. Birth date of deceased **Nov. 15 1851**
 (Month) (Day) (Year)

Immediate cause of death **Tongue cancer of feet** Duration **7 days**
 Due to _____
 Due to **98 1/2**
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years **93** Months **11** Days **3** If less than one day _____ hr. _____ min.
 9. Birthplace **Linn Co. Mo.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **laborer**

11. Industry or business _____
 12. Name **Edward Robinson**
 13. Birthplace **Dont know**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Lucynda Hammond**
 15. Birthplace **Dont know**
 (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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant **James Lawrence**
 (b) Address **Bowling Green Mo**
 17. (a) **Burial** (b) Date thereof **Nov. 20 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Bowling Green Mo**
 18. (a) Signature of funeral director **James Lawrence**
 (b) Address **Bowling Green Mo**
 19. (a) **Nov. 20 44** (b) **John Frank Adam**
 (Date received local registrar) (Registrar's signature)

23. Signature **J. M. New** (M. D. or other) _____
 Address **Bowling Green Mo** Date signed **11/18/44**

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

RECEIVED
District Health Officer No. 10
District File Number 12-44-1990
Date Filed DEC 14 1944

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 Gene Benfield
Licensed Embalmer No. 2204
P. O. Address Bowling Green W

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.