S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

Registration District No. 245

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4194

State File No. 16869

Registrar's No. 30

**1. PLACE OF DEATH:**

(a) County: Gentry

(b) City or town: Albany 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: None (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo (b) County: Gentry

(c) City or town: Albany Mo (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: DENNY LEE ROBISON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: D

6. (b) Name of husband or wife

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

7. Birth date of deceased: Aug. (Month) 2 (Day) 1944 (Year)

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

9. Birthplace: Albany (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Newell T Robison

13. Birthplace: Gentry Co (City, town, or county) Mo (State or foreign country)

MOTHER

14. Maiden name: Darlene McMichel

15. Birthplace: Albany (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs Newell T Robison

(b) Address: Albany Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 10 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Miller Cemetery

18. (a) Signature of funeral director: Brown Bros

(b) Address: Denver Mo

19. (a) April 9-1945 (Date received local registrar) (b) Homer N. Tibbs (Registrar's signature)

**MEDICAL CERTIFICATION:**

20. DATE OF DEATH: Month April day 8 year 1945 hour minute 9 P.M.

21. I hereby certify that I attended the deceased from Apr 8 — 1945, to 4 — 8 — 1945 that I last saw him alive on 4 — 8 — 1945 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Food poisoning [Botulism] (Probably botulinus infection | 1½ days |
| Due to: from green beans) | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: 17
Of autopsy: 13

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

23. Signature: Frank H. Rose (M. D. or other) M. D.

Address: Albany, Mo Date signed 4-7-45

1168

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number.....
Date Filed.....

## 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.....
This body was not embalmed Registered Apprentice No.....,
working under my personal supervision.

Signed J O B

Licensed Embalmer No. 2749

P. O. Address J O B

**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.**