

FILED SEP 12 1945
Registration District No. 316

Primary Registration District No. 6070

Registrar's No. 140

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME *WILLIAM FRANKLIN ROBINSON*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *Male* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *Widowed*
7. Birth date of deceased *Nov 16 1877*
(Month) (Day) (Year)

8. AGE: Years *67* Months *9* Days *13* If less than one day hr. min.

9. Birthplace *St. Francois, Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business _____

MOTHER FATHER } 12. Name *W. S. Robinson*

13. Birthplace *Tenn.*
(City, town, or county) (State or foreign country)

14. Maiden name *Josephine Anderson*

15. Birthplace *Tenn.*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Jennie C. Boyd*

(b) Address *Farmington, Mo. R#3*

17. (a) *Burial* (b) Date thereof *8/31/45*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Masonic Cem. Farmington Mo.*

18. (a) Signature of funeral director *Miller Federal Home*

(b) Address *Farmington, Mo.*

19. (a) *8/31/45* (b) *Etther Rudloff*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug.* day *29*
year *1945* hour *8* minute *A.* M.

21. I hereby certify that I attended the deceased from *Jan 10 1942* to *Aug 29 1945*
and that death occurred on the date and hour stated above. *Month 1 1945*

Immediate cause of death *Coronary Thrombosis* Duration *5 min.*

Due to *Coronary Disease + myocarditis* *4 yrs.*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 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) _____ (e) Means of injury _____

23. Signature *Geo. H. Walbran* (M. D. or other) _____
Address *Farmington Mo.* Date signed *8-30-45*

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

1377

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 945-110.2
Date Filed 9-10-45

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.