No. 2
I—5-42
5-17-39
I · X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4738

FILED FEB 21 1946

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 214 Euclid 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME HOSIA FULLER ROBINSON

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September 10th 1866
(Month) (Day) (Year)

8. AGE: Years 79 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Pheonix New York 1
(City, town, or county) (State or foreign country)

10. Usual occupation Poultryman

11. Industry or business Farm

FATHER
12. Name Hosia Robinson
13. Birthplace New York State 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Unknown
15. Birthplace New York 1
(City, town, or county) (State or foreign country)

16. (a) Informant G. Earl Doane
(b) Address Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemeyery

18. (a) Signature of funeral director Frank- Cotrell Chapel
(b) Address Poplar Bluff, Missouri

19. (a) 2/8/46 (Date received local registrar) (b) R H Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1946 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from January 31st, 1946, to Feb 5, 1946
that I last saw him alive on Feb 5, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rupture of Aortic Aneurism	
Due to Arteriosclerosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 3cd

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 0

23. Signature Frank E Divelli (M. D. or other) M.D
Address Poplar Bluff MO Date signed 2/7/46

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 246-249
Date Filed 2-20-46

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 Geo. W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.