

S. No. 2
I-8-43
5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8770

State File No.

FILED APR 12 1946
Registration District No.

Primary Registration District No. 5790

Registrar's No. 74

1. PLACE OF DEATH: Carroll
 (a) County Rural
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Carroll
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Carrollton Loop
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Henry Robinson.

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Feb. 17th, 1887
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89		18	hr. _____ min.

9. Birthplace Boone County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name John Robinson

13. Birthplace Boone County Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Susan Patton.

15. Birthplace Boone County Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant W.E. Thomas

(b) Address Wakenda R.R. #1 Mo.

17. (a) Burial (b) Date thereof 3-7-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wakenda Cemetery

18. (a) Signature of funeral director Marshall F. Home.

(b) Address Carrollton Mo.

19. (a) 3/6/46 (b) Tom Herbert Calvert
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5th
 year 1946 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Carrollton, Mo. 19____
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
 Duration _____

Due to Senility

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 97
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury 3

23. Signature Charles Pitt (M.D. or other) Carrollton

Address Carrollton Mo Date signed 3/6/46

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

7700

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-11-46

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 myself,
Registered Apprentice No. _____,
working under my personal supervision.

Signed R. M. Marshall
Licensed Embalmer No. 2525
P. O. Address Carrollton 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.