

FILED MAY 9 1946

Registration District No. _____

Primary Registration District No. **3017**

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution: **105 EIGHTH** /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **50 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** **27**

(c) City or town **Boonville** /
(If outside city or town limits, write "RURAL") **2**

(d) Street No. **105 8th St.** /
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME **JORDAN B. ROBINSON**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **March 22** **1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	0	24	hr. _____ min.

9. Birthplace **Kentucky** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Day labor**

12. Name **James Robinson**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Harry Robinson**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **4/20/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **Stegner**

(b) Address **Boonville, Mo.**

19. (a) **4/18/1946** (b) **Clayton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15th**
year **1946** hour **About 7** minute _____ p. M.

21. I hereby certify that I attended the deceased from **Never seen alive** to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral hemorrhage

Due to _____

Due to _____

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

Major findings: **gzw**
Of operations _____

Of autopsy _____

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 _____

23. Signature **P. M. F. [unclear] acting [unclear]**

Address **Boonville, Mo.** Date signed **4/16/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

27
1
2

11576

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-8-46

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 James W. Stegner
Licensed Embalmer No. 3780

P. O. Address Boonville, 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.