

FILED MAY 16 1946
Vernacular District No. 61

Primary Registration District No. 5236

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural Box 74P
(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 Cedar

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse H. Robison

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25
year 1946 hour 4 minute 50 a.m.

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Ida Robison 6. (b) Single, widowed, married, divorced Married

7. Birth date of deceased: February 3 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1945 to Apr. 25, 1946, that I last saw him alive on April 1, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Moweagua Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Immediate cause of death: Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: _____ Of operations _____ Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ezra T. Robison

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

14. Maiden name Sarah E. Beever
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ida Robison
(b) Address R.F.D., El Dorado Springs, Mo.

17. (a) Burial (b) Date thereof 4-26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clintonville Cem.

18. (a) Signature of funeral director Lurion Carothers
(b) Address El Dorado Springs, Mo.

19. (a) 4/25/46 (b) J. C. Brannon
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature J. C. Brannon (M. D. or other) _____
Address El Dorado Springs Date signed 4-25-46

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

14917

535

MAY 20 1946

MAY 23 1946

RECEIVED
DISTRICT CLERK
DISTRICT CLERK
Date Filed
4-46-46
5-14-46

MAY 21 1946

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 Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs, 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.