V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

25123

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26277

State File No.

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 15

1. PLACE OF DEATH

(a) County Boone

(b) City or town Centralia, Mo.
(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 Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Centralia 1
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ira Calvin Robinson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased April (Month) 4 (Day) 1874 (Year)

8. AGE: Years 72 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Audrain Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James M. Robinson
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Jane Hallaway
15. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant W. L. Robinson
(b) Address Centralia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo.

18. (a) Signature of funeral director George Jernigan
(b) Address Centralia Mo

19. (a) Sept 1-1946 (Date received local registrar) (b) Maud McBride (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1946 hour 0 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to Aug 4, 1946 that I last saw him alive on Aug 4, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endo Carditis	
Due to Undetermined	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92
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)

While at work? (e) Means of injury 0

23. Signature W. G. White (M. D. or other)

Address Centralia Mo Date signed Aug 6-46

30

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 9-46-5-6
Date Filed 9-6-46

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 Grover Jennigan

Licensed Embalmer No. 4270

P. O. Address Centralia 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.