

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36722

FILED NOV 21 1946
128

State File No. _____
Registrar's No. 870

Registration District No. _____ Primary Registration District No. 5465

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield Rural, N. Cambel Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1306 N. Fulbright
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 N. Fulbright
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Joseph Robinson
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 30
year 1946 hour 11 minute 40 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethelyn Robinson alive 58 years
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased: July 4, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 13, 1946 to October 30, 1946
that I last saw him alive on October 30, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years ; Months Days If less than one day
71 3 26 hr. min.

Immediate cause of death
Senility
Malnutrition
Due to Senile psychosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Bung Vista Co., Iowa
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Senility
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Merchant
11. Industry or business Furniture Dealer
12. Name Joseph C. Robinson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Harrington
15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethelyn Robinson
(b) Address Springfield Mo.
17. (a) Burial (b) Date thereof 11-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cem.
18. (a) Signature of funeral director W. K. Kingner & Co.
(b) Address Springfield Mo.
19. (a) 11-4-46 (b) W. E. Steidley, M.D.
(Date received local registrar) (Registrar's signature)

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 fall
23. Signature Kenneth C. Coffelt (M. D. or other) _____
Address Springfield, Mo. Date signed 11-1-46

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

11-3-46

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.....

Egle Stone Jr.

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.