

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

Registration District No. **252** Primary Registration District No. **4382**

**1. PLACE OF DEATH:**

(a) County **Nodaway**

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

(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**  
(Specify whether)

In this community **Most all his life**  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Nodaway**

(c) City or town **Parnell**  
(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** **Elmer Christopher Robison**

**3. (b) If veteran, name war** **No**

**3. (c) Social Security No.** **496-05-9423**

**4. Sex** **M** **5. Color or race** **W**

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

**6. (b) Name of husband or wife** **Franie Pearl Robison** **6. (c) Age of husband or wife if alive** **48** years

**7. Birth date of deceased** **Dec - 5 - 1877**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec** day **7**  
**1946** year **11** hour **11** minute **45** M.

**21. I hereby certify that I attended the deceased from** **Dec 7**  
**1946** to **Dec 7** **1946**;

that I last saw him alive on **Dec 6** **1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Disease**

Duration **fell dead**

**8. AGE:**

Years	Months	Days	If less than one day
<b>69</b>	<b>0</b>	<b>2</b>	hr. min.

**9. Birthplace** **Oxford Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farmer + Carpenter**

**11. Industry or business**

**12. Name** **William L. Curgen**

**13. Birthplace** **Unknown Mo**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Laura Belle Watson**

**15. Birthplace** **Unknown Mo**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Donald E. Robison**

**(b) Address** **106 East 2nd St. Maryville, Mo.**

**17. (a) Burial** **(b) Date thereof** **12-11-46**  
(City, town, or county) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Pavenwood Mo**

**18. (a) Signature of funeral director** **Campbell Funeral Home**  
**(b) Address** **Maryville Mo**

**19. (a) 12-18-46** **(b) Gus Stephenson**  
(Date received local registrar) (Registrar's signature)

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

**Major findings:**

Of operations **95**

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** **Egbert Crowson** (M. D. or other)

**Address** **Parnell Mo** **Date signed** **Dec 8 1946**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

1951 07 18 1947

FEB 3 1953

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Marionville 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.