

No. 2  
-12-45  
-5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10086

State File No. \_\_\_\_\_

Registration District No. 233

Primary Registration District No. 4348

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution:  
Knight Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery City

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George H. 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 W

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

7. Birth date of deceased June 15 th 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 9 I \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Near Troy Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Isaac Robinson

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

14. Maiden name Evelyn Norton

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

16. (a) Informant Burton W. Smith

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 3-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Mo

18. (a) Signature of funeral director J. C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) Mar 17, 1947 (b) Thos. Meritt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1947 hour 11 minute 2 M.

21. I hereby certify that I attended the deceased from 9 march 15, 1947, to march 16, 1947, that I last saw him alive on march 16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis at home

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

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

Major findings:  
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) (c) Means of injury \_\_\_\_\_

23. Signature Willis H. Waller (M. D. or other) DD  
Address Wellsville Date signed 3/17/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

211

(Licensed Embalmer's Statement on Reverse Side)

