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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

Registration District No. 175

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24772

Primary Registration District No. 5713

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Mc Donald

(b) City or town Rural: Cyclone Twp.
(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 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Benton 999

(c) City or town Bentonville, Arkansas 3
(If outside city or town limits, write "RURAL")

(d) Street No. 802 N. W. C. St. 6
(If rural, give location)

(e) Citizen of foreign country? No 2 (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME JOHN ALEXANDER ROBINSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Maggie Gregory Robinson

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 12 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business Hdwe. Co. & Self (Retired)

FATHER
12. Name Joseph Robinson
13. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amy Kate Relford
15. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant [illegible] Neal Robinson
(b) Address Pineville, Mo.

17. (a) Removal (b) Date thereof July 3, '47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bentonville, Arkansas

18. (c) Signature of funeral director Wm. F. Burns
(b) Address Burns F. Home: Bentonville, Ark.

19. (a) 7-3-47 (b) Mrs. B. E. Bradley
(Date received local registrar) (Registrar's signature) 1 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 1947
year 1947 hour 2:30 P.M. minute ___ M.

21. I hereby certify that I attended the deceased from 2, 19__, to ___, 19__;
that I last saw h___ alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13

Of autopsy

Duration

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 3

23. Signature [illegible] (M. D. or other) Coroner

Address Pineville, Mo. Date signed 7-14-47

(Licensed Embalmer's Statement on Reverse Side)

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 Me

------

, Registered Apprentice No.

working under my personal supervision.

Signed William J. Burns.

Licensed Embalmer No. 550 (Ark. Licens

P. O. Address Bentonville, Ark.

This body was embalmed in
our Funeral Home at Bentonville,
Arkansas.

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.