

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

FILED DEC 8 1947

Registration District No. 177

Primary Registration District No. 3040

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1521 Clay Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 67 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 920 Elm Street  
(If rural, give location) 2  
(e) Citizen of foreign country? No (Yes or No) 3  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 20th  
year 1947 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 5  
47 to Nov 20 1947  
that I last saw her alive on 47  
and that death occurred on the date and hour stated above. 47

Immediate cause of death Organic heart disease 6 mo  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to Arterio-sclerosis probably  
some but type

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

Major findings:  
Of operations \_\_\_\_\_

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?

While at work \_\_\_\_\_ (Specify type of place)  
(a) Mechanical injury \_\_\_\_\_  
23. Signature J. M. Russell M.D. or other) \_\_\_\_\_  
Address Chillicothe, Mo Date signed 11/21/47

3. (a) PRINT FULL NAME Matilda Ann Robinson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Walter M. Robinson 6. (c) Age of husband or wife if alive (D) years

7. Birth date of deceased June 9 1862  
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business At Home

12. Name John W. Worner

13. Birthplace Somersetshire England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Am Harphan

15. Birthplace Lincolnshire England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Robinson

(b) Address Tulsa, Oklahoma

17. (a) Burial (b) Date thereof 11-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Nov-21-47 (b) Frances B. Neill  
(Date received local registrar) (Registrar's signature) 1947

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe Missouri.....

**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.**