

No. 2  
5-43  
5-17-39  
I X36671

FILED DEC 29 1947

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 50

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

1. PLACE OF DEATH:  
 (a) County Johnson  
 (b) City or town Holden  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community Lifetime  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elmer Henry Robey  
 (b) If veteran, name war None  
 (c) Social Security No. None

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Arra Mylina Shull  
 (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased January 31, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 10 17 hr. min.

9. Birthplace Johnson County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Benjamin F. Robey

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

14. Maiden name Mary Ellen Campbell

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

16. (a) Informant Mrs. Arra Robey

(b) Address Holden, Mo.

17. (a) Burial (b) Date thereof 12-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director E.B. Cast

(b) Address Holden, Mo.

19. (a) Dec 22, 1947 (b) Mrs H O Redford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Johnson  
 (c) City or town Holden  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4th & Pine  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
 year 1947 hour 4 minute 10 a.m.  
 21. I hereby certify that I attended the deceased from Jan 10, 1945, to Dec 18, 1947;  
 that I last saw him alive on Dec 17, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Sen Arterio sclerosis  
(Include pregnancy within 3 months of death)  
& Chronic Prostatism  
 Major findings: Of operations \_\_\_\_\_  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Kelly Rawlins (M. D. or nurse)  
 Address Holden Mo Date signed 12/20/47

JAN 30 1948

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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. 4059

P. O. Address Holden, 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.**