

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7500**
Registrar's No. **28**

FILED FEB 20 1948
Registration District No. **324**

Primary Registration District No. **6093**

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs. 10 mo. 23 da.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Callaway
(c) City or town Fulton Mo.
(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 Leonard Webster Robinson
(b) If veteran, name war —
(c) Social Security No. —

4. Sex m Color or race w
(b) Name of husband or wife —
(c) Age of husband or wife if alive — years
5. Color or race w
6. (a) Single, widowed, married, divorced S O
(c) Age of husband or wife if alive — years
7. Birth date of deceased Sept 30 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>4</u>	<u>1</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation None

11. Industry or business —
12. Name William W. Robinson
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Etha Meisenheimer
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Records Mo. State School
(b) Address Marshall Mo
17. (a) Burial (burial, cremation, or removal) (b) Date thereof 2/1/48
(Month) (Day) (Year)
(c) Place: burial or cremation Castroville Illinois

18. (a) Signature of funeral director Earl J. Smith
(b) Address Osage Ave. Gray
19. (a) Feb 1-1948 (b) Edw. J. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1948 hour 10:25 minute 4 M.
21. I hereby certify that I attended the deceased from Jan 1 1948 to Jan 31 1948
that I last saw him alive on Jan 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lungs
Due to —
Due to —
Other conditions — (Include pregnancy within 3 months of death)
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 Rocheley (M. D. or other)
Marshall Mo Date signed 2/1/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-19-48

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 _____

Mauri V. Newton, Registered Apprentice No. 51
working under my personal supervision.

Signed J. Leslie Sarsney
Licensed Embalmer No. 2235
P. O. Address 24 Marshall

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.