No. 2
—1/47
5-17-39

27
1
2

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

8268

State File No. .....

FILED MAR 25 1948

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 39

**1. PLACE OF DEATH:**

(a) County COOPER

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

(c) Name of hospital or institution: 1201 MAIN 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 THREE WEEKS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 27

(a) State MISSOURI (b) County COOPER

(c) City or town GOOCH'S MILL 0
(If outside city or town limits, write "RURAL")

(d) Street No. ..... 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME NICHOLAS ROBINSON

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased MARCH 30 1847
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 100 | 11 | 15 | ..... hr. ..... min. |

9. Birthplace ..... MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Unknown 9
13. Birthplace " 
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Robinson
(b) Address Boonville - Mo

17. (a) Burial (b) Date thereof 3/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarks Fork

18. (a) Signature of funeral director Stegner
(b) Address Boonville Mo

19. (a) 3-20-48 (b) [signature] 381
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 17
year 1948 hour 7 minute 9 M

21. I hereby certify that I attended the deceased from Feb 1948
....., 19....., to March 17, 1948;
that I last saw him alive on March 1, 1948;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Arteriosclerosis | |
| Senility | |
| Due to ..... | |
| Due to ..... | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations .....
Of autopsy 97

PHYSICIAN
Underline the cause of 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 0

23. Signature M L Dickerson (M. D. or other) M D
Address Boonville Mo Date signed 3/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-24-48

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.....
.....Registered Apprentice No.....,
working under my personal supervision.

Signed James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.