

No. 2  
12-45  
7-39  
X4707

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11422**

FILED APR 26 1948

Registration District No. **12**

Primary Registration District No. **4026**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **Barry**  
(b) City or town **Purdy**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **none**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none** (Specify whether  
In this community **number of years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**  
(c) City or town **Purdy**  
(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 **William H. Robinson**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **702-038926**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Cora Faye Robinson** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **January 1 1889**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**59 2 9** hr. min.

9. Birthplace **Exeter, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Powell Robinson**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mrs. Cora Faye Robinson**

(b) Address **Purdy, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 11, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Antiock Cemetery**

18. (a) Signature of funeral director **Bennett-Wormington**

(b) Address **Monett, Mo.**

19. (a) **3-27-48** (b) **W. M. West**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9th**  
year **1948** hour **8:45 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Feb 13** 19**48** to **Mar 7** 19**48**  
that I last saw him alive on **Mar 6** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Parasitosis of Lungs**  
Duration **about 12yr**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: **H&P**  
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? **2**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. D. Bullwin** (M. D. or other)  
Address **Purdy, Mo.** Date signed **3-13-48**

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

RECEIVED  
District Health Officer No. 6;  
District File Number 448-467  
Date Filed APR 22 1948

APR 27 1948

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.....

*Gordon Bennett*

Licensed Embalmer No. 4213

P. O. Address.....

*Monett, 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.