

FILED JUN 10 1948
Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville

(c) Name of hospital or institution: Ravenwood Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME DAVID ROBINSON

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

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mary Robinson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased about 1888
(Month) (Day) (Year)

8. AGE: Years about 60 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Howard Lee Mo. 17
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Berry Robinson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Robinson

(b) Address Boonville Mo

17. (a) Removal (b) Date thereof 5-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hellada Mo.

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Boonville Missouri

19. (a) 5-28-48 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4

(d) Street No. 506 W. Johnson 1
(If rural, give location)

(e) - If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 6
year 1948 hour 10 minute 6 M.

21. I hereby certify that I attended the deceased from May 15
_____, 1948 to May 27, 1948
that I last saw him alive on May 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 1 year

Due to chronic pyelocystitis

Due to prostatic obstruction

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 1530

Of autopsy None

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 A. H. Ramsey (M. D. or other) Phys

Address Boonville, Mo. Date signed 5-28-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-9-48

SEP 23 1949

JUN 12 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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 2900

P. O. Address Columbia Md

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.