

S. No. 2
4-8-43
5-17-39
K 37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16179
Registrar's No. 59

Registration District No. 143

Primary Registration District No. 4232

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Willow Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell
(c) City or town Willow Springs
(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 John W. Robison

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Agnes Gailey Robison 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 27, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 9 27 hr. min.

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

10. Usual occupation Sawmill operator; farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Don't know 9
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Robison (widow)

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 5/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Spgs. cemetery

18. (a) Signature of funeral director J. Burns

(b) Address Willow Springs, Mo.

19. (a) 5/25/48 (b) Michael Ballard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
year 1948 hour 10:00 minute P-M
21. I hereby certify that I attended the deceased from May 12th to May 24th, 1948,
that I last saw him alive on May 24th, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease Duration 12 days

Due to Age

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None 16? B
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? _____

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

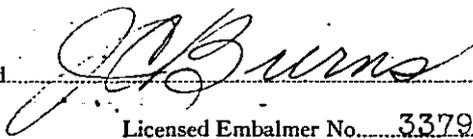
23. Signature J. Burns D. or other 0
Address Willow Springs, Mo. Date signed May 24th 1948

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

RECEIVED 6-11-48
District Health Officer No. 8,
District File Number 648392
Date Filed 6-11-48

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
Fred W. Barnes, Registered Apprentice No. 413
working under my personal supervision.

Signed 
Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.