

FILED NOV 26 1948

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Laclede
 (b) City or town Labanon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Louis Walker Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME

James Andrew Robinson

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex male & Color or race wht

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased unknown - 1887

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>			hr. <u>0</u> min. <u>0</u>

9. Birthplace Unknown

unknown (State or foreign country)

10. Usual occupation Plumber

11. Industry or business own

12. Name unknown

9

13. Birthplace unknown

(State or foreign country)

14. Maiden name unknown

9

15. Birthplace unknown

(State or foreign country)

16. (a) Informant Wm Patton Record

(b) Address Camdenton, Mo

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

(c) Place: burial or ~~cremation~~ Freedom Cms. Camdenton, Mo

18. (a) Signature of funeral director Bankson - Woodery

(b) Address Camdenton, Mo

19. (a) 11-15-48 (b) Jessie B. Reynolds
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
 (c) City or town Camdenton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Gen Del
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 31, 1948
 19 48 to Nov 1, 1948
 that I last saw him alive on Nov 1, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial failure Duration 2 wks.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:

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

23. Signature James R. Hope (M. D. or other) _____
 Address Labanon, Mo Date signed 11/1/48

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

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 *Phil Barken Wooley*

Licensed Embalmer No. *2488*

P. O. Address *Camden, Me*

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.