

FILED MAR 21 1947

Registration District No.

Primary Registration District No. 6128

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Excelsior M
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(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 Hugh Mallard Robinson

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

4. Sex M O 5. Color or race A 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb 10 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>-</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Farm

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant C. F. Robinson

(b) Address Excelsior

17. (a) Removal (b) Date thereof 2-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olivo Branch Center

18. (a) Signature of funeral director Buncan Funeral Home

(b) Address Mountain View

19. (a) 3-1-47 (b) Frank Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon 101

(c) City or town Excelsior M O
(If outside city or town limits, write "RURAL") O

(d) Street No. _____ (If rural, give location) O

(e) Citizen of foreign country? _____ (Yes or No) O

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 - 17 day _____
year 47 hour 1 minute 0 PM

21. I hereby certify that I attended the deceased from 12-25 to 2-17 1947
that I last saw him alive on 2-15-47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Pneumonia

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:

(c) 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 O

23. Signature Frank Hyde (M. D. or other) _____

Address Excelsior M Date signed 2-17-47

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

OCT 29 1956

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.....

Joe R. Duncan

Licensed Embalmer No. *4325*

P. O. Address *Int'l View, 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.