

JAN 12 1940 89

Registration District No.

Primary Registration District No.

Registrar's No.

308

1. PLACE OF DEATH:

(a) County Butler 2
(b) City or town Poplar Bluff Mo.
(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 whetherIn this community _____
years, months or days)3. (a) PRINT FULL NAME Eliza D. Robinson 152

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife A. J. 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Aug. 17, 1860
(Month) (Day) (Year)8. AGE: Years 79 Months 4 Days 6 If less than one day
hr. _____ min. _____9. Birthplace Alabama
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name J. W. McCormick
18. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Nunnelse
15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature A. J. Robinson(b) Address Dudley, Mo.17. (a) Burial (b) Date thereof Dec. 24, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Woodlawn18. (a) Signature of funeral director Greer-Croy Service(b) Address Poplar Bluff Mo.19. (a) 1/24/39 (b) Blutinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard(c) City or town Dudley, Mo.
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1939 hour 3:30 minute P M.21. I hereby certify that I attended the deceased from
Dec 16, 1939, to Dec 23, 1939
that I last saw her alive on Dec 22, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Brainstem ProlapsedDue to Respiratory

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? _____

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

23. Signature J. L. Harwood (M. D. or other) _____Address Poplar Bluff Mo Date signed 1/24/39

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. 2964

working under my personal supervision.

Signed Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Toplar Bluff

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, above space should be left blank.