

WRITE PLAINLY—USE CAPS AND BLOCK LETTERS—NEVER WRITE IN RED INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Libert Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location) 2

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

In this community 2 yrs 4 mo
years, months or days

3. (a) PRINT FULL NAME Mauday Jane Robinson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James Robinson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar 2 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joe H. Forehand

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

14. Maiden name Sarah Mayberry

15. Birthplace Iron Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Robinson

(b) Address Star Route Mine La Motte, Mo

17. (a) Burial (b) Date thereof 1-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Arc, Mo.

18. (a) Signature of funeral director Heidrich and Co

(b) Address Farmington, Mo

19. (a) 1-30-40 (b) H. A. Rydeen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 Jan day 29
year 1940 hour 6 minute 50 M.

21. I hereby certify that I attended the deceased from Dec 30, 1940, to Jan 30, 1940;
that I last saw her alive on Dec 30, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Senile Arteriosclerosis
Mental Condition

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy no

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 R. Rydeen (M. D. or other) _____
Address Farmington Date signed 1/30/40

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 MI

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed C J Lloyd

Licensed Embalmer No. 30-72

P. O. Address Farmington, M.

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.