

FILED APR 4 1940

Registration District No. 706

Primary Registration District No. 4240

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carl Junction
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 36 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carl Junction
(If outside city or town limits, write "RURAL")
(d) Street No. 406 N. Cowgill (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ^{13 2} MILDRED D. ROBINSON

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

4. Sex Female 5. Color or race White 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 July 28 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Charles Roach

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

14. Maiden name Nancy O'Neil

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

16. (a) Informant Freda Christian

(b) Address Utica, Neb.

17. (a) Burial (b) Date thereof Mar 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Honky Funeral Service

(b) Address Carl Junction, Neb.

19. (a) March 19 (b) Ray A. Mast
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1940 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5-1 1939 to 3-18 1940
that I last saw her alive on 3-17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cervix

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 Ed D. James (M. D. or other) 1
Address Jasper, Neb. Date signed 3-18-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Bollins Knott*

Licensed Embalmer No. *3685*

P. O. Address *Carl Junction, Mo. Box 85*

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.