

Registration District No. **653**

Primary Registration District No. **5864**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Prescott**
(b) City or town **near Kayti**
(c) Name of hospital or institution: **None**
(d) Length of stay: In hospital or institution **2**
In this community **Life**

8. (a) PRINT FULL NAME **Derry Robinson**

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

4. Sex **male** 5. Color or race **Cal**

6. (b) Name of husband or wife **Annie Robinson** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Don't know**

8. AGE: Years **58** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Galena, Miss**

10. Usual occupation **laborer**

11. Industry or business **Warrington**

12. Name **Patricia H. Hester**

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

16. (a) Informant **Derry Robinson**

(b) Address **Kayti, Mo**

17. (a) **Burial** (b) Date thereof **3-23-40**

18. (a) Signature of funeral director **J. F. Smith** 9/4/40
(b) Address **Kayti, Mo.**
19. (a) **3-23-40** (b) **Pearl Kelley**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Prescott**
(c) City or town **near Kayti**
(d) Street No. **Kayti, P.O. D. 1**
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **22**
year **1940** hour **1 1/2** minutes **30** P. M.

21. I hereby certify that I attended the deceased from **3-20-1940** to **3-22-1940**
that I last saw him alive on **3-22-1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **36 hrs.**

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? _____
(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 **P. J. Aguirre** (M. D. or other) _____
Address **Cantham, Mo.** Date signed **3-22-40**

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

4-40-9

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.