No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25771

FILED AUG 3-66 1940

Registration District No. 3-66 Primary Registration District No. 5762 Registrar's No. 99

1. PLACE OF DEATH:

(a) County Mississippi

(b) ~~City or town~~ Tywappity-Deventer
(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 2 (Specify whether years, months or days)
In this community Allof life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Deventer, Tywappity Twp
(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.

3. (a) PRINT FULL NAME Bettie Joe Robinson 152

3. (b) If veteran, name war Infant

3. (c) Social Security No. none

4. Sex Female

5. Color or race Color

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

6. (b) Name of husband or wife Infant

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased June 24, 1939 (Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Deventer, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Infant 1

11. Industry or business Infant

FATHER
12. Name Solomon Robinson 0
13. Birthplace Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Nevels
15. Birthplace Deventer, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Nevels
(b) Address Deventer, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Charleston, Mo

18. (a) Signature of funeral director Lair-Nunnelee
(b) Address Charleston, Mo

19. (a) 7-20-40 (Date received local registrar) (b) T A Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1940 hour 2 minute 30pm M.

21. I hereby certify that I attended the deceased from July 16, 1940, to July 17, 1940 that I last saw h~~er~~ alive on July 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Colitis — Duration

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

23. Signature Geo W Whitaker (M. D. ~~or other~~)
Address East Prairie Mo Date signed 7/18/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 840-127
Date Filed 8/2/40

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.....

....., 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.