No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31898

Registration District No. 272 Primary Registration District No. 5379 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town ~~Ava,~~ Benton

(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

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County Douglas

(c) City or town Ava,

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

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

3. (a) PRINT FULL NAME Paul Robertson Infant daughter of Mr. and Mrs.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 4 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days If less than one day 3 hr. 15 min.

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

10. Usual occupation 0

11. Industry or business 0

FATHER 12. Name Paul Robertson

13. Birthplace Douglas Co (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Dottie Opal Henley

15. Birthplace Jasper Co, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Paul Robertson

(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Fannon Graveyard

18. (a) Signature of funeral director Friends

(b) Address

19. (a) 9-11 1940 (Date received local registrar) (b) Reba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1940 hour 0 minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on Aug 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth lived 3 hrs. 15 min

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. L. Gentry (M. D. or other)

Address Ava Mo Date signed 8-23-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,

District File Number.....

Date Filed ....OCT 2 1940....

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.