

**FILED** FEB 17 1941

Registration District No. 477

Primary Registration District No. 4288

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Daviess County

(b) City or town Robelle Mo  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Jopelle  
(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 Florence Davis Bourn

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 married

6. (b) Name of husband or wife John L. Bourn

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 26 - 1862  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Zimmerman

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

14. Maiden name Martha Jane

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

16. (a) Informant John L. Bourn

(b) Address Robelle Mo

17. (a) Burial (b) Date thereof Jan 22 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robelle Cemetery

18. (a) Signature of funeral director Geo V. Brooks

(b) Address Wyaconda Mo

19. (a) Jan 22, 1941 (b) P. W. Jennings Mo  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 day Monday  
year 1941 hour 11 minute 36 P. M.

21. I hereby certify that I attended the deceased from Jan 12 1940 to Jan 20 1941, 19\_\_\_\_; that I last saw her alive on Jan 20 1941, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy of the brain

Due to arterial sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) g3h

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature J. L. Carter D. O. other 22

Address Robelle Mo Date signed 22

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

56  
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RECEIVED

District Health Officer No. 10

District File Number 2-41-268

Date Filed FEB 13 1941

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

*George V. Barbett*

Licensed Embalmer No.

*1817*

P. O. Address

*Wyalonda 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.