

FEB 25 1941

Registration District No. 822 Primary Registration District No. 6071 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County SHANNON  
(b) City or town BIRCH TREE (RURAL)  
(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 X  
In this community 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon  
(c) City or town Rural  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1941 hour 2 minute 30 A.M.  
21. I hereby certify that I attended the deceased from June 1  
1941, to June 11 1941;  
that I last saw her alive on June 9 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME DICEY C. ROBINSON

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife C.A. ROBINSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased OCT. 1 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 20 If less than one day hr. ✓ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

12. Name H. H. STINNETT

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name MARY SHRADER

15. Birthplace MT. VERNON MO. D (City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Yoanell

(b) Address Wesley, Okla. #6 - Box 34

17. (a) burial (b) Date thereof Jan 13, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Forest Cemetery (Burial)

18. (a) Signature of funeral director J.C. Burns

(b) Address Hilltop Springs, Mo.

19. (a) 1-12-41 (b) Frank Hyde M. D.  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

7/1/41 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature I. R. J. Davis (M. D. or other) D

Address Birch Tree Mo Date signed 1/11-41

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

RECEIVED

District Health Officer No. 5,

District File Number 241983

Date Filed \_\_\_\_\_

**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 \_\_\_\_\_

Thomas Burns, Jr., Registered Apprentice No. 251  
working under my personal supervision.

Signed J.C. Burns  
Licensed Embalmer No. 3379  
P. O. Address Yellow Springs, Va.

**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.**