

S. No. 2
M-14-41
v. 5-17-39
X26390

FILED AUG 11 1941

Registration District No. **85** Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. Hartsocks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2½ years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 102 E. Moose
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JANE ROBINSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Robinson 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Feb 18 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 5 7 hr. min.

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

10. Usual occupation housewife

11. Industry or business home

12. Name John Paslay

13. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Alice Wilson

15. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Robinson

(b) Address 102 E. Moose St. Joseph, Mo.

17. (a) Removal (b) Date thereof 7-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont, Wathena, Kan.

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address S. Joseph Mo.

19. (a) July 29 1941 (b) A. J. Ruttelbach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1941 hour 1:30 minute 30 M.
21. I hereby certify that I attended the deceased from July 23rd 12:30 A.M. 1941 to July 25th 19:41
that I last saw her alive on July 25th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis
Due to Ruptured Sigmoid Appendix & Cecum
Due to —

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

Major findings: As stated above
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? —

While at work? (Specify type of place) (e) Means of injury —
23. Signature C. L. Ferguson (M. D. or other) —
Address 801 1/2 Olive St. Date signed 7-26-41

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 _____

Carl W. Hance

Licensed Embalmer No. _____

3955

P. O. Address _____

St. Joseph, Mo

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, fact should be so stated above.