No. 2
-10-
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28637

Registration District No. 420 — Primary Registration District No. 5574 — Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town ~~DeSoto Rural~~ Valley

(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 54 years! years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 050

(c) City or town DeSoto Rural

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

(d) Street No. Rt 1 - 1 mi E. of DeSoto

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME AMANDA JANE ROBINSON

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 Widowed

6. (b) Name of husband or wife Ray Robinson

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

7. Birth date of deceased Oct. 23 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	9	3	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Edward Rogers
13. Birthplace Antonia (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dora Kitchenmaster
15. Birthplace Antonia (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Elmer Wilkinson

(b) Address DeSoto Mo. Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Ware Mo.

18. (a) Signature of funeral director Donnell B. Dietrich

(b) Address DeSoto Mo.

19. (a) 8-19-41 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1941 hour 11:15 minute a. M.

21. I hereby certify that I attended the deceased from July 21 - 1941, to July 26, 1941; that I last saw her alive on July 26 - 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	
Due to	
Due to Carcinoma of Breast	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Breast Removed Apr. 1940	
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 Chas. E. Tallet (M. D. or other) M.D.

Address 112a North Main St. DeSoto, Mo. Date signed 7-28-41

(Licensed Embalmer's Statement on Reverse Side)

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 Francis R. Dietrich, Registered Apprentice No. 258 working under my personal supervision.

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Desoto 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, above space should be left blank.

No. 2B
8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28637

Registration District No. 420 Primary Registration District No. 5574 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: Desoto 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 (Specify whether years, months or days)
In this community: 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Amanda Jane Robinson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Wd.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct (Month) 23 (Day) 1887 (Year)

8. AGE: Years 54 Months 8 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 29 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Carcinoma of liver — Duration
Due to: 50
Due to: Carcinoma of breast (Primary death)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: Breast Removal apr. 1940
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: Chas E Fallet (M. D. or other)
Address: Desoto Mo. Date signed 10/9/41

SUPPLEMENTARY

S-28637