

FILED OCT 11 1941

State File No. _____

Registration District No. 162

Primary Registration District No. 5294

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural, West Washington
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Mary Jane Roby

3. (b) If veteran, name war _____ X
3. (c) Social Security No. _____ X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced _____ X

6. (b) Name of husband or wife _____ X 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 20, 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	X	X	X	4 hr. X min.

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

10. Usual occupation _____ X

11. Industry or business _____ X

12. Name Dale Roby

13. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marguerite Atkins

15. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dale Roby

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 8 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Preston Centary

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) Oct 1 - 41 (b) Mrs. Minnie Bealston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Rural West Washington
(If outside city or town limits, write "RURAL")
(d) Street No. West Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 41 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 20, 1941, to Aug 20, 1941;
that I last saw her alive on Aug 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
Due to atelectasis 4 hrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 161a
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 Gene B. Killian (M. D. or other) D
Address Stockton, Mo. Date signed 9-11-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1722

Date Filed 10-6-41

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.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.