

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 12 1942

Registration District No. 6-77

Primary Registration District No. 4403

Registrar's No. ....

1. PLACE OF DEATH

(a) County  Phelps   
(b) City or town  Rector Park   
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State  Mo  (b) County  Phelps   
(c) City or town  Rector Park   
(If outside city or town limits, write "RURAL")  
(d) Street No.  404 Park   
(If rural, give location)  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country

In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

Fattie Florence 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  Married

6. (c) Age of husband or wife if  
alive  18  years

7. Birth date of deceased  Aug. 4, 1884   
(Month) (Day) (Year)

8. AGE:

Years  57  Months  9  Days  14   
If less than one day  
hr. .... min.

9. Birthplace

Orange Co., Mo   
(City, town, county) (State or foreign country)

10. Usual occupation

Bookie

11. Industry or business

Branham

12. Name

Fattie Florence Robinson

13. Birthplace

Orange Co., Mo   
(City, town, county) (State or foreign country)

14. Maiden name

Martha M. Smith

15. Birthplace

Mo   
(City, town, or county) (State or foreign country)

16. (a) Informant

Edmund Robinson

(b) Address

409 E 11th - Rector Mo

17. (a)

Burial

(b) Date thereof

May 20, 1942   
(Month) (Day) (Year)

(c) Place: burial or cremation

Rector Park

18. (a) Signature of funeral director

[Signature]

(b) Address

Rector Park

19. (a)

5/19/42   
(Date received local registrar)

(b)  [Signature]   
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month  May  day  18   
year  1942  hour  7  minute  30 P.  M.

21. I hereby certify that I attended the deceased from  
 May 8 , 19 42 ; to  May 18 , 19 42   
that I last saw  Dr.  alive on  May 18 , 19 42   
and that death occurred on the date and hour stated above.

Immediate cause of death  
 Acute Dehydration

Due to  Chronic Nephritis

Due to  Chronic Arthritis Deformans

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

Major findings:

Of operations

Of autopsy

131 b

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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  0

23. Signature  [Signature]  (M. D. or other) .....  
Address  Newburg Mo  Date signed  5/18/42

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

8/1  
22

8/22

2044

171

12/20/21

mandated return  
A. J. O.

A. J. O.  
out

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: *S. L. Jones*

Licensed Embalmer No. *3397*

P. O. Address: *Rolla, 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.