

FILED AUG. 17 1942
266-100

537025391 Registrar's No. 30

Registration District No. Primary Registration District No.

33000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County DeWitt

(b) City or town Rural - Texas Township
(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 87 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeWitt

(c) City or town Rural - Texas Township
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME FRANCIS BRAZILLE ROBINETT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2 year 1942 hour 5 minute 00 A.M.

4. Sex 7 / M 5. Color or race W 6. (a) Single, widowed, married, divorced 2 / W

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

7. Birth date of deceased 11 / 4 / 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1941 to Apr 30 1942
that I last saw him alive on Apr 2 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 5 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death Nephritis (chronic) Duration _____

Due to Cold

Due to _____

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation House keeper

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

MOTHER { 12. Name Rosemond Hedges

FATHER { 13. Birthplace Indiana (City, town, or county) (State or foreign country) 1

MOTHER { 14. Maiden name Lussada Lacey

FATHER { 15. Birthplace Don't know (City, town, or county) (State or foreign country) 9

22. If death was due to external causes, fill in the following:

16. (a) Informant Gas Robinett

(a) Accident, suicide, or homicide (specify) _____

(b) Address Salem, Mo

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 5-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Berry Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Hobson - Grant

While at work? _____ (Specify type of place) (e) Means of injury _____

(b) Address Salem, Mo

23. Signature Leslie Marshall (M. D. or other) 0

19. (a) 5-3-42 (b) Gas D. McLeod
(Date received local registrar) (Registrar's signature)

Address Salem, Mo Date signed 5-2-42

RECEIVED

District Health Officer No. 3

District File Number 7425-5-8

Date Filed 8 March 1942

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 _____

Orval E. Lickliob

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Orval E. Lickliob

Licensed Embalmer No. 3546

P. O. Address St. James, 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.