-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29908

Registration District No. 43 — Primary Registration District No. 3007 — Registrar's No. 309

1. PLACE OF DEATH:

(a) County: Butler
(b) City or town: Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether
In this community: 5 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler
(c) City or town: Poplar Bluff (If outside city or town limits, write "RURAL")
(d) Street No.: 842 Poplar St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Louisa S. Robbins
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: Divorced
6. (b) Name of husband or wife: Tom Robbins
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: Sept. (Month) 23 (Day) 1868 (Year)

8. AGE: Years 74 | Months 0 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace: Lawrence County Ark. (City, town, or county) (State or foreign country)
10. Usual occupation: At home
11. Industry or business:

FATHER
12. Name: Matt. Kendrick
13. Birthplace: Unknown (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name: Sarah Pace
15. Birthplace: Unknown (City, town, or county) Ark. (State or foreign country)

16. (a) Informant: Mrs Elsie Wilson
(b) Address: Poplar Bluff Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Sept 23 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Ridge Ark.
18. (a) Signature of funeral director: Frank Mortuary
(b) Address: Poplar Bluff Mo.
19. (a) 9-23-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1942 hour 5 minute 00 A.M.
21. I hereby certify that I attended the deceased from Aug 1 1942 to Sept 25 1942 that I last saw her alive on Sept 24 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Nephritis	2 weeks
Due to: Cerebral hemorrhage	3 weeks
Due to: Arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
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: J. P. Kuibert (M. D. or other)
Address: Poplar Bluff Mo Date signed: 9/25/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1042-1296
Date Filed 10-7-42

EXAMINE

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 Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluf

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

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

S. No. 2B
M-8-21-41
5. X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29918

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 309

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(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 years, months or days)

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 Louisa S. Robbins

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 D

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 23 (Day) 1868 (Year)

8. AGE: Years 74 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
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 Sept day 25
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death nephritis	
Chronic fallowing	3
Acute nephritis	
Due to cerebral hemorrhage	3 wk
Due to arterio sclerosis	1
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 b

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature [signature] (M. D. or other)
Address Date signed

SUPPLEMENTARY