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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33423

FILED NOV 11 1942

State File No. _____

Registration District No. 23

Primary Registration District No. 3010

Registrar's No. 310

1. PLACE OF DEATH:
(a) County GAFF GIRARDEAU.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Southeast Missouri Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 2 hrs.
(Specify whether
In this community 2 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ARKANSAS (b) County Green 39
(c) City or town MARMADUKE 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Robinson
3. (b) If veteran, name war ✓
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT day 29
year 1942 hour 7 minute 30 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W. D. Dyer 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased: Unknown
(Month) (Day) (Year)

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

8. AGE: Years 39 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Profound Shock & Loss of Blood Duration _____
Due to Soft leg severed above ankle

9. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Plumber

Due to _____
Other conditions (Include pregnancy within 3 months of death) 169 lb
Major findings: Of operations 30
Of autopsy 2

11. Industry or business Unknown
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) 9
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country) 9

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 016
(b) Date of occurrence Oct. 29 - 1942.
(c) Where did injury occur? Delta - Cape Girardeau, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Right way of Main Pacific R.R. (Specify type of place)
While at work? Yes (e) Means of injury _____

16. (a) Informant _____
(b) Address _____
17. (a) Removal (b) Date thereof 10/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation Marmaduke, Ark.
18. (a) Signature of funeral director Joe Stawell
(b) Address Cape Girardeau, Mo
19. (a) 11-2-42 (b) F. W. Phelps (Date received local registrar) (Registrar's signature)

23. Signature Dr. J. F. Sigmond Coroner (M.D. or other)
Address Gardner, Mo. Date signed Oct 30 - 42

1014 (Licensed Embalmer's Statement on Reverse Side)

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

16
1
4

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 3
District File Number 1142-138
Date Filed 11-9-45

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VE V

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 W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33423

Registration District No. 53

Primary Registration District No. 3050

Registrar's No. 310

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I first saw him _____ live on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration _____

8. AGE: Years 39 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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 Johnnie Oglesse - (half brother)
(b) Address Marmaduke, Ark.

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-2-42 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

