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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural Lindley Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10 Miles N. E. of Cainsville.
(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)

3. (a) PRINT FULL NAME Laura Ellen Robbins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Robbins

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February 7 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 27

If less than one day
.....hr.min.

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

10. Usual occupation Housekeeper

11. Industry or business.....

MOTHER FATHER

12. Name John G. Hall

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Shear

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Robbins

(b) Address Cainsville, Mo.

17. (a) Burial (b) Date thereof Nov. 7, 1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Mo.

19. (a) 11-8-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer

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

(d) Street No. 10 miles N. E. of Cainsville, Mo
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th
year 1942 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from 10/30
1942 to 11/4 1942

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency 29
and embolus

Due to.....

Due to..... chronic arthritis

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

Major findings: Of operations..... 92 lb

Of autopsy..... 240

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?
.....

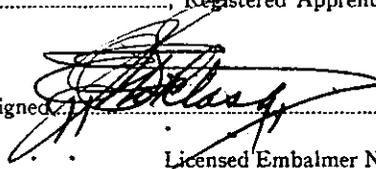
While at work?.....
(Specify type of place) (e) Means of injury

23. Signature J. M. Perry (M. D.)
Address Princeton, Missouri Date signed 11/6/42

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~~.....
.....**Eddie J. Stoklasa**....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. **3602**.....

P. O. Address. **Cainsville, 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.