

FILED FEB 23 1943 818

Registration District No. Primary Registration District No. 1003 Registrar's No. 1384

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Desloge Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 MONTHS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARKANSAS County
(b) City or town MAYARD
(If outside city or town limits, write "RURAL")
(c) Street No. ...
(If rural, give location)
(d) Citizen of foreign country? NO (Yes or No)
If yes, name country. 2

3. (a) PRINT FULL NAME Emma Robinson

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

4. Sex F 5. Color or race W 6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife WILLIAM CALVIN 6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY 25 1875 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 16 If less than one day hr. min.

9. Birthplace NEARLYVILLE MO. D (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name DAN HINKLE
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)
14. Maiden name MARY BAILEY
15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Robinson

(b) Address Piquanoka Ill

17. (a) Removal (b) Date thereof Feb. 11 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CORNING ARKANSAS

18. (a) Signature of funeral director Black Funeral Home

(b) Address 211 ...

19. (a) Date received local registrar FEB 21 1943 (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1943 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1942 to Feb. 11 1943 that I last saw her alive on Feb. 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Hypertensive Cardiovascular Disease

Due to ...

Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Raymond T. Martin (M. D. or other) M.D. Address Park Desloge Hosp. Date signed 2-11-43

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

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.....

William J. Hiers

Licensed Embalmer No.....

4319

P. O. Address.....

St. Louis 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.