

APR 14 1943

Registration District No. ....

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Keokuk, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: A. S. Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. .... (Specify whether  
In this community. .... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland  
(c) City or town Murphys Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. R 70th  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME Mary Leone Baird Robinson

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. 1  
6. (b) Name of husband or wife Nicholas H. Robinson  
6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased Mar 12 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 16 ..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Roberta F. Baird

13. Birthplace Clark County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nelle Overfield

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

16. (a) Informant Mrs. Nelle Baird

(b) Address Murphys Mo.

17. (a) Burial (b) Date thereof 3/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Earl Haughlin  
(b) Address Murphys Mo.  
19. (a) 3/29/43 (b) Mr. J. W. Wagner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1943 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from  
March 27, 1943, to March 28, 1943  
that I last saw her alive on March 28, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Burn of entire body  
except head, rt hand and  
both feet - Burns 1st & 2nd deg.

Due to Explosion of oil stove

Other conditions shock & anemia  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1st & 2nd deg  
Of autopsy 1st & 2nd deg

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 3/27/43  
(c) Where did injury occur? Murphys (R.F.D.) Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work? Yes (Specify type of place) Explosion of oil  
(e) Means of injury stove  
23. Signature Earl Haughlin (M. D. or other) D.O.  
Address Keokuk, Mo Date signed 3/28/43

Duration  
3/27/43

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

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

MOTHER FATHER

3000

RECEIVED

District Health Officer No. 10

District File Number 4-43-748

Date Filed APR 13 1943

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.