

S. No. 2
M-5-55
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21703

State File No.

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
807 East Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
45 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 807 East Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HENRY ROBBS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Haverstick Donahue

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov 22 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>6</u>	<u>29</u>	hr. min.

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

10. Usual occupation Ret. R.P. Engineer.

11. Industry or business Mo. Pac. R. R.

MOTHER FATHER

12. Name William Robbs

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

14. Maiden name Nannie Huff

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

16. (a) Informant Mrs Henry Robbs

(b) Address DeSoto - Mo

17. (a) Burial (b) Date thereof June 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (Woodlawn)

18. (a) Signature of funeral director Lee Mothershead
DeSoto, Mo.

(b) Address 6-21-43

19. (a) 6-21-43 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1943 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 21st 1943 to June 21st 1943
that I last saw him alive on June 21st 1943
and that death occurred on the date and hour stated above:

Immediate cause of death acute attack of Cardiac Asthma

Due to Aortic Stenosis

Due to 8 yrs

Other conditions 92a
(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.....

Signature J.A. Elders (M. D. or other) MD
Address De Soto Mo Date signed 6/22/43

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

SEP 10 1945

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

J. E. Mothershead

Licensed Embalmer No. *3531*

P. O. Address. *Desoto 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.