

FILED SEP 10 1943

Registration District No. **53**

Primary Registration District No. **3010**

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: **St. Francis Hosp. I**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days) **9 years 5 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **Portageville**  
(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 **Lillie Robison**

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

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Samuel Robison** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **Aug 1 - 1878**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **11** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Westonville Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home wife**

11. Industry or business \_\_\_\_\_

12. Name **Richard Taylor Nobley**

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

14. Maiden name **Laura N. Tolson**

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

16. (a) Informant **Mr. Muley Auger**

(b) Address **Portageville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug-14-1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Crockett Chapel**

18. (a) Signature of funeral director **Wm. C. Duder**

(b) Address **Portageville, Mo.**

19. (a) **8-15-43** (Date received local registrar) (b) **F. H. Phelps** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **12**  
year **1943** hour **7** minute **1** A. M.

21. I hereby certify that I attended the deceased from **8-8-** 19**43**, to **8-13-** 19**43**  
that I last saw h. **W.** alive on **8-12-** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**  
**Chr. Myocarditis**

Due to \_\_\_\_\_  
Due to **938**

Other conditions **Strangulated Hernia**  
(Include pregnancy within 3 months of death)

Major findings: **Strang. fem. hernia**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **D. B. Chad** (M. D. or other)  
Address **Cape Girardeau Mo.** Date signed **8-15-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4  
District File Number 943-2722  
Date Filed 9-9-43

**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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portagville  
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.**