

No. 2
-5-42
-17-39
X3473

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35330

State File No. _____

FILED NOV 8 1943
Registration District No. 227

Primary Registration District No. 5805

Registrar's No. 130

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JEFFERSON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 MI E OF GOSS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 73 YRS _____ (Specify whether
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town RURAL - GOSS, MO.
(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 JANNE ELIZABETH ROBBINS

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 MARRIED
6. (b) Name of husband or wife OSCAR B. ROBBINS
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased SEPT. 2, 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 14 If less than one day
hr. min.

9. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name COLUMBUS LONG

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

14. Maiden name JANNE NOONAN

15. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Pullan
(b) Address Rt. 1, STOUTSVILLE, MO.

17. (a) BURIAL (b) Date thereof OCT. 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT HILL

18. (a) Signature of funeral director Speed & Slaby
(b) Address PARIS, MO.

19. (a) 10-17-43 (b) Thayne Nelson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 14
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 20,
1943 to Oct. 16, 1943
that I last saw her alive on Oct 16, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 5 days

Due to Tridels Struma & Tracheotomy N.K.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107 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?

While at work? _____ (Specify type of place) (e) Means of Injury _____
23. Signature F.A. Burnett (M. D. or other) MD
Address PARIS, MO. Date signed 10-17-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-43-1769

Date Filed NOV 5 1943

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 Edmond H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.