

FILED JAN 12 1948

Primary Registration District No. **6003**

Registrar's No. **66**

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

1. PLACE OF DEATH:

(a) County **Rolls (Clay Township)**

(b) City or town **R.R. #4 Hannibal, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **TWO DAYS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ill.** (b) County **Pike**

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **LETTIE CATHERINE ROBBINS**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **30**th
year **1948** hour **6:00** minute **9** M.

4. Sex **FEMALE** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Henry Robbins** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug 21st 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 15**, 19**48** to **Nov 30**, 19**48**
that I last saw him alive on **Nov 23**, 19**48**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
62	3	9	hr. _____ min. _____

Immediate cause of death **Acute Coronary Dilatation 2nd**

Duration _____

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

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles Anderson**

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

14. Maiden name **Dont know**

15. Birthplace **near Paris, Mo.**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **954**
Of operations _____

Of autopsy _____

16. (a) Informant **MRS. ROXIE ABNEY**

(b) Address **R. R. #4 Hannibal, Mo.**

17. (a) **Removal** (b) Date thereof **12/2/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Acacia Chapel, Ill.**

18. (a) Signature of funeral director **Art E. Schmitt**

(b) Address **1000 Broadway, Hannibal, Mo.**

19. (a) **12-1-48** (b) **R.S. BERKING**
(Date received local registrar) (Registrar's signature)

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 **P. D. Schow** (M. D. or other) _____
Address **Hull** Date signed **Nov 30**

RECEIVED

District Health Officer No, 10

District File Number 1-44-112

Date Filed JAN 11 1944

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 Cecil E. Schwartz
Licensed Embalmer No. 23380
P. O. Address Hauntel, 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.