

No. 2
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-17.39
X35697

FILED FEB 14 1944

Registration District No. 2-9-16

Primary Registration District No. 5-05-6507N

Registrar's No. 2

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

1. PLACE OF DEATH

(a) County Bartons
(b) City or town Golden City Golden City Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ 10 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bartons
(c) City or town Golden City
(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 FRANCIS ANN 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, widowed
6. (b) Name of husband or wife George W. Robinson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: October 4 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 18 hr. _____ min. _____
(If less than one day)

9. Birthplace Lafayette Co. Kansas
(City, town or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Leffler
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Cecil Robinson
(b) Address Golden City, Mo.

17. (a) Burial (b) Date thereof Jan. 24-1944
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Hill Cem. Parsons, Kan.

18. (a) Signature of funeral director Phillip Funeral Home
(b) Address Golden City, Mo.

19. (a) Jan. 22, 1944 (b) Eric Wetterlund
(Date received local registrar) (Registrar's signature)
1192

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22-1944
year 1 hour 30 minute N. M.

21. I hereby certify that I attended the deceased from January 18 1944 to Jan 22 1944
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage due to Arterio-sclerosis

Due to _____
Due to _____

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

Major findings: 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 J M Prach (M. D. or other)
Address Golden City, Mo. Date signed 1-22-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 244-175

Date Filled FEB 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.....

Licensed Embalmer No. 3278

P. O. Address.....

Golden City 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.