

FILED MAR 14 1944

Primary Registration District No. 4175

1. PLACE OF DEATH:

(a) County DUNKLIN
(b) City or town HORNERSVILLE MO
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
(c) City or town Hornersville Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1944 hour 5 minute 10 P.M.
21. I hereby certify that I attended the deceased from Aug. 15 1943 to Feb-18 1944
that I last saw him alive on Feb 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Infection (?)
Duration: 13 fl
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Pearl Mae Robinson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife E. AMER 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: Nov 27 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation: House Wife

11. Industry or business _____

12. Name: Wmery Nixon Corp

13. Birthplace: Drivato Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Era Belle Mizell

15. Birthplace: Hornersville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: E. D. Robinson

(b) Address: W. Wyatt Mo

17. (a) Burial (b) Date thereof: Feb 19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Local cemetery

18. (a) Signature of funeral director: W. T. G... & Son

(b) Address: Hornersville Mo

19. (a) 2-19-44 (b) L... P... K...
(Date received local Registrar) (Registrar's Signature)

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) Means of injury: 0
23. Signature: Wm H Bonds (M. D. or other)
Address: Hornersville Mo Date signed: 2-19-44

1201

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

5
0
0

RECEIVED

District Health Office No. 2,

District File Number 344-441

Date Filed 3-18-44

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 W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

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.