

8. No. 2
7-542
5-17-39
01 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8083

State File No.

FILED MAR 13 1944

Registration District No.

Primary Registration District No. 3056

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
116 Horsley Street
(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 Missouri (b) County Randolph

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

(d) Street No. 116 Horsley
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mattie Elizabeth Robinson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 2-21, 1944, to 2-22, 1944
that I last saw her alive on 2-22, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Floyd Robinson 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased December 17 1895
(Month) (Day) (Year)

Immediate cause of death Epidemic Meningitis

Duration

8. AGE: Years Months Days If less than one day

48 2 5 hr. min.

Due to.....

Due to.....

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

9. Birthplace Clifton Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name William Graves

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Williams

15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Robinson

(b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 2/27/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Stantouille Ind

19. (a) 2/27/44 (b) Irma Nave
(Date of 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) (e) Means of injury.....

23. Signature P. Williams (M. D. or other)
Address Moberly Mo Date signed 2-26-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-44-612

Date Filed MAR 10 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville md

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.