

No. 2
2-43
17-39
X35697
7

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

FILED APR 7 1944

State File No. _____

Registration District No. 20

Primary Registration District No. 5083

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural Mound Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. Mound Township
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Goldie Alice Robey

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1944 to Mar 21 1944
that I last saw her alive on Mar 15 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Grant Robey 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 15 1899
(Month) (Day) (Year)

Immediate cause of death Coronary Occurrence

Duration _____

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

45 2 6 _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

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

Major findings: _____

10. Usual occupation House wife

Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name Wm B Coats

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

14. Maiden name Sarah Ellen Coats

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Grant Robey

(b) Address Butler Mo

17. (a) Buried (b) Date thereof March 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wark Hill

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? _____

18. (a) Signature of funeral director Carlvers

(b) Address Butler Missouri

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) 3-23-44 (b) Hlandellif
(Date received local registrar) (Registrar's signature)

23. Signature L D Lester (M. D. or other) _____
Address Butler, Mo Date signed 3-23-44

APR 12 1944

RECEIVED

District Health Officer No. 74

District File Number 3-44-331

Date Filed 4-6-44

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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler, 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.