

FILED APR 12 1944
Registration District No. **1160**

Primary Registration District No. **3127**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County Washburn
(b) City or town Wahl City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution James Chas. O. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 years (Specify whether
In this community 13 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wahl City
(If outside city or town limits, write "RURAL")
(d) Street No. 506 E. Walker
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Martha M. Robinson

MEDICAL CERTIFICATION

(b) If veteran, name war 0
(c) Social Security No. 0

20. DATE OF DEATH: Month March day 2
year 1944 hour 1:50 minute 0 P. M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced 0

21. I hereby certify that I attended the deceased from 2-27 1944 to March 7 1944
that I last saw her alive on March 2 1944
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive 0 years

Immediate cause of death Appendicitis

7. Birth date of deceased October 14 1930
(Month) (Day) (Year)

Duration 12 1/2
Due to 0
Due to 0
Other conditions 0
(Include pregnancy within 3 months of death)

8. AGE: Years 13 Months 4 Days 18
If less than one day 0 hr. 0 min.

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

10. Usual occupation Student

PHYSICIAN 0
Underline the cause to which death should be charged statistically.
Major findings: acute appendicitis
Strep infected
Of autopsy 0

11. Industry or business 0

12. Name Ray E. Robinson

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

14. Maiden name Stella Robinson

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

16. (a) Informant Joseph Roy Robinson

(b) Address Wahl City, Mo

17. (a) burial (b) Date thereof 3/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director W. J. Helms

(b) Address Wahl City, Mo

19. (a) Mar 9 1944 (b) Mrs. Lillieagle
(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) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (c) Means of injury 0
While at work? 0
23. Signature W. J. Helms (M. D. or other) 0
Address Wahl City, Mo Date signed 3/6/44

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

19
6
2

1160

443-306

Goetz

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..... *E. M. Sledge*

Licensed Embalmer No. *74859*

P. O. Address..... *Heidelberg*

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.