

FILED MAY 8 1944
Registration District No. 22

Primary Registration District No. 5114

Registrar's No. 36

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

1. PLACE OF DEATH

(a) County Bollinger
(b) City or town Rural, Wayne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CARL WINFRED ROBINS

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased Nov. 8 1943
(Month) (Day) (Year)

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

9. Birthplace Bollinger Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Clarence Robins

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

14. Maiden name Edna Davis

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

16. (a) Informant Clarence Robins

(b) Address Advance, Mo

17. (a) Burial (b) Date thereof Nov. 23 1944
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Clarence Robins

(b) Address Advance, Mo

19. (a) 4/7/44 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1943 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Nov 8,
1943 to Nov 23, 1943

that I last saw him alive on Nov 8, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Lobar pneumonia

Due to

Other conditions frail infant
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0

Of autopsy 108

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 O. P. Reynolds (M. D. or other) Mo

Address Advance Date signed 4/7/44

1163

RECEIVED

District Health Officer No. 4
District File Number 544-3742
Date Filed 5-6-44

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.....

~~Joseph S. Morgan~~, Registered Apprentice No.....
working under my personal supervision. *not embalmed,*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.