V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25618

FILED AUG 14 1944

Registration District No. 29

Primary Registration District No. 4442

Registrar's No. 36

88
0
0

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

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution — 1 (Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Higbee 88
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Jane Robb

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 1 Female

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased FEB (Month) 4 (Day) 1867 (Year)

8. AGE: Years 77 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Andrew Nicholas 9
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Almira Davis 9
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Luther Daggs
(b) Address Higbee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 44 (Month) (Day) (Year)

(c) Place: burial or cremation Log Chapple

18. (a) Signature of funeral director S. S. Miller
(b) Address Higbee Mo

19. (a) 7-29-44 (Date received local registrar) (b) Mrs. P. Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1944 hour 1 A.M minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw her alive on July 23 , 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency and renal failure

Due to chronic nephitis

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

31 b

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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature V. S. Robinson ~~(M. D. or other)~~ D.O

Address Date signed

1027

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-44-1449
Date Filed AUG 11 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 K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Glasgow 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.