

FILED SEP 13 1944

Registration District No. 292

Primary Registration District No. 6002

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,
(b) City or town RURAL Ralls County.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saltriver Township. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 55 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87
(c) City or town Perry, Missouri R.F.D. 2
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (Saltriver Township)
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Robinson.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed.

6. (b) Name of husband or wife. John A. Robinson. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. January, 1, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 1 hr. min.

9. Birthplace Unknown Illinois. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business Home.

12. Name Andrew Jackson.

13. Birthplace Unknown Illinois. /
(City, town, or county) (State or foreign country)

14. Maiden name Anna Kraft.

15. Birthplace Unknown Illinois. /
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Robinson

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 8-24-44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery.

18. (a) Signature of funeral director. Charles Idigley

(b) Address Perry, Missouri.

19. (a) Aug 24 1944 (b) Mrs. Carl Berkunson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 44 hour 7:30 minute 1 A.M.

21. I hereby certify that I attended the deceased from 8-6-44
to 8-22- 1944
that I last saw her alive on 8-22- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Brancheial PNEUMONIA

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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 E. T. Swan (M.D. or other) DR
Address Perry, Mo. Date signed 8-23-44

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

700

RECEIVED

District Health Officer No. 10

District File Number 9-44-1616

Date Filed SEP 12 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

Clyde Wilkey

Licensed Embalmer No.

3820

P. O. Address

Perry 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.