

FILED NOV 15 1944

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell (city)
(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 ✓ 43 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Molloy Belle Robertson

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

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

7. Birth date of deceased March 23 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business ✓

12. Name P. J. Osborn

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

14. Maiden name Betty Mathews

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

16. (a) Informant Cynthia Osborn

(b) Address Campbell, Mo.

17. (a) Burial (b) Date thereof 10-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elder

18. (a) Signature of funeral director Lander Funeral Home

(b) Address Campbell, Missouri

19. (a) 10-17-44 (b) Mrs. P. Osborn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell (city) 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1944 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from 8/44, 19 , to 10/12/44, 19 ;
that I last saw her alive on 10/12/44
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Due to Cardiac failure

Due to Cardiac hypertrophy

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

Major findings: Of operations

Of autopsy 95C²

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) (c) Means of injury 2

23. Signature D. B. L. Franklin (M.D. or other)

Address Campbell Mo. Date signed 10/16/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

35
1
0

1150

RECEIVED

District Health Office No. 2,

District File Number 1144-1537

Date Filed 11-13-44

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.

(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.