

FILED NOV 20 1944

Registration District No. **293**

Primary Registration District No. **1655**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Rural Stotts City, Mo
(If outside city or town limits, write "RURAL" and name of town)
 (c) Name of hospital or institution: mt U, Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community (5 wks) 1 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oklahoma (b) County Muskogee **994**
 (c) City or town Muskogee **31**
(If outside city or town limits, write "RURAL")
 (d) Street No. 209 N. Ninth
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jordie Robinson
 (b) If veteran, name war _____ (c) Social Security No. 443-07-5981

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 25
 year 1944 hour 5:00 minute _____ P. M.

4. Sex F 5. Color or race W 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: June 13 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2, 1944, to Sept 25, 1944
 that I last saw h. c. r. alive on Sept 24, 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>12</u>	hr. _____ min.

Immediate cause of death: Myocardial degeneration ?

9. Birthplace Prescott At Kansas
(City, town, or county) (State or foreign country)

Due to Chronic Myocarditis + Hypertension ?

10. Usual occupation merchandise clerk

Due to _____

11. Industry or business _____
12. Name George Johnson
13. Birthplace Jucalooosa Ala **1**
(City, town, or county) (State or foreign country)
14. Maiden name Emma Derby
15. Birthplace Jucalooosa Ala **1**
(City, town, or county) (State or foreign country)

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant Geo. Robinson
 (b) Address Stotts City, Mo.
 17. (a) Removal (b) Date thereof 9-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Muskogee Okla

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 _____

18. (a) Signature of funeral director Niemeders
 (b) Address Pierce City Mo.
 19. (a) 9/25/44 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

23. Signature Frank Rowland (M. D. or other)
 Address Muskogee Okla Date signed 9/25/44

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

MOTHER FATHER

1858

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED.

District Health Officer No. 6.

District File Number 1144-1157

Date Filed NOV-14 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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Peter J. Hemeyer

Licensed Embalmer No. 3822

P. O. Address Pierre City, 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.