

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 12 1945

Registration District No. 155

Primary Registration District No. 4245

Registrar's No. 8

1. PLACE OF DEATH:
 (a) County Monroe
 (b) City or town Monroga Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Monroga
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 54 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Monroga (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs Josephine Annie Robinson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 14
 year 1945 hour 11:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 14 to March 14, 1945
 that I last saw her alive on March 14, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Inanition Duration _____
from degenerative disease
of old age - cardio-vas
cular renal disease
 Due to _____
 Due to _____

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?

5. Color of race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: October 12 1856
 (Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years 89 Months 5 Days 2 If less than one day _____ hr. _____ min.
 9. Birthplace Belmont N.Y.
 (City, town, or county) (State or foreign country)

23. Signature P. M. Stormont (M. D. or other) _____
 Address Webb City Mo. Date signed 3/14/45

10. Usual occupation at home
 11. Industry or business _____
 12. Name Leroy Crandrell
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Mary Smith
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

24. Signature of funeral director Webb City Mo.
 (b) Address Webb City Mo.
 19. (a) Nov. 15, 1945 (b) Mrs. Lillie Sage
 (Date received local registrar) (Registrar's signature)

16. (a) Informant Mrs. Myrtle Morris
 (b) Address Monroga, Mo.
 17. (a) Burial (b) Date thereof March 13, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Monroga Cemetery
 18. (a) Signature of funeral director Webb City Mo.
 (b) Address Webb City Mo.

25. While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature P. M. Stormont (M. D. or other) _____
 Address Webb City Mo. Date signed 3/14/45

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

MOTHER FATHER

1180

45-3-292

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 Myself.

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

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.