V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3044

State File No. 13997

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 314 E. 2d
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Eldon Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 314 E. 2d
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Matilda Robinett

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife E. S. Robinett

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov. (Month) 6 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	4	11	— hr. — min.

9. Birthplace Howard Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name Jack Chipley
13. Birthplace Howard Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Harriett McCart
15. Birthplace Howard Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant E. S. Robinett

(b) Address Eldon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cem.

18. (a) Signature of funeral director Keith McKays

(b) Address Eldon Mo

19. (a) 3-18-45 (Date received local registrar) (b) W. S. Spearman (Registrar's signature)

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MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 17 year 1945 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from 3-5, 1945, to 3-17, 1945; that I last saw her alive on 3-16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	18 hrs
Due to Arteriosclerosis	yrs
Due to	
Other conditions Asthma (Include pregnancy within 3 months of death)	2 wks

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. C. Shelton (M. D. ~~or other~~)

Address Eldon Mo Date signed 3-17-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 45-30
Date Filed 4-5-45

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.