

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 8 1945
Registration District No. 264

Primary Registration District No. 5891

Registrar's No. 1

1. PLACE OF DEATH:

(a) County... Polk

(b) City or town... Rural - Bridgeton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Hardenville mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...
About 9 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town... Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Hardenville mo
(If rural, give location)

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

If yes, name country... None

3. (a) PRINT FULL NAME Eliza Tennessee Robbins

3. (b) If veteran, name war... No.

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1945 hour 5 minute p. M.

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

6. (b) Name of husband or wife W. R. Robbins 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased... August 23 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 13th, 1945 to October 10, 1945
that I last saw her alive on October 7th, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 1 Days 17 If less than one day hr. min.

Immediate cause of death... Valvular heart disease (Mitral) Duration 3 month

Due to Arterial-renal-vascular disease More than 10 yr.

Due to Also Diabetes Mellitus

9. Birthplace Webster County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions... et
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name John Crawford

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

14. Maiden name Mary Elizabeth Rice

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

PHYSICIAN

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Robbins

(b) Address Hainesville Missouri

17. (a) Burial (b) Date thereof 10-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lilly Rensselaer Cemetery

18. (c) Signature of funeral director Robert G. ...

(b) Address Hainesville Mo

19. (a) Oct 13 1945 (b) Agnes Pace
(Date received local registrar) (Registrar's signature)

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 M. J. ... (M. D. or other) 150

Address Hainesville, Mo Date signed 10/11/45

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

7
0
0

1570

RECEIVED
District Health Officer No. 6;
District File Number 1145-1071
Date Filed **NOV 6 1945**

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 Laurence L Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville, m

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.