S. No. 2
1—8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40810

FILED JAN 8 1946

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 404

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about one hour (Specify whether
In this community 1 Day years, months or days)

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

3. (a) PRINT FULL NAME Blanche Anna Robinson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Robinson
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July (Month) 4 (Day) 1903 (Year)
8. AGE: Years 42 Months 4 Days 27 If less than one day hr. min.
9. Birthplace Patton (City, town, or county) (State or foreign country) O
10. Usual occupation Housewife
11. Industry or business
12. Name Leo Doggett
13. Birthplace Patton Mo (City, town, or county) (State or foreign country)
14. Maiden name Flora C Dunn
15. Birthplace Patton Mo (City, town, or county) (State or foreign country)
16. (a) Informant Lee Robinson
(b) Address Patton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Patton Methodist
18. (a) Signature of funeral director Webb-Hale Funeral Home
(b) Address
19. (a) 12-10-1945 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1945 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from 11/26, 1945 to 12/1, 1945 that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cardiac failure
Due to
Due to Nephrolithiasis
Other conditions
(Include pregnancy within 3 months of death)
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 C M Wickman (M.D. or other) MD
Address Perryville, Mo Date signed 12/3/45

1500 (Licensed Embalmer's Statement on Reverse Side)

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

Attending Phys. Date 9 Days

RECEIVED
District Health Officer No. 4
District File Number 146 - 1483
Date Filed 1 - 7 - 46

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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericksburg

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.