

FILED JAN 15 1946

State File No. _____

Registration District No. 201

Primary Registration District No. 6032

Registrar's No. 2069

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

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 miles north of Doniphan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Doniphan
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2, 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ROBERT JOE CASH

(b) If veteran, name war _____

(c) Social Security No. 488-24-9487

4. Sex Male Color White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased August 10, 1922
(Month) (Day) (Year)

8. AGE: Years 23 Months 2 Days 27
If less than one day _____ hr. _____ min.

9. Birthplace Stone County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman & Water tender

11. Industry or business A.S. Merchant Marine

12. Name Wm. H. Cash

13. Birthplace Butler Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Hettie Hoark

15. Birthplace Mt. View, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tom H. Cash

(b) Address Doniphan Mo. R.F.D. # 2

17. (a) Burial (b) Date thereof 11-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan Mo.

18. (a) Signature of funeral director H. Jordan

(b) Address Doniphan Mo.

19. (a) 12-14-45 (b) W.D. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1945, hour 2 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Stilled by being thrown from auto while driving past one's house on gravel road.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 91
(b) Date of occurrence Nov-7-45-8:57M
(c) Where did injury occur? on highway 21 Ripley Co
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway
(Specify type of place)

23. Signature J. Estelkano, M.D. (M.D.)
Address DONIPHAN, Mo. Date signed 11-8-45

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.....

working under my personal supervision.

Registered Apprentice No.

Signed: *J. E. Jordan*

Licensed Embalmer No. *320.01*

P. O. Address *Douphang*

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.