

FILED JUL 31 1946

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
717 Allton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 Years (years, months or days)

3. (a) PRINT FULL NAME HERMAN JOHN ROBBERN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Katherine Brady Robben
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 - 6 - 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 16
If less than one day hr. min.

9. Birthplace Meppen Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Theodore Robben
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Angela Schulte
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Brady
(b) Address 717 Allton, Columbia, Mo.

17. (a) Burial (b) Date thereof 6 24 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Purser Funeral Service
(b) Address Columbia, Mo.

19. (a) June 24 1946 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 717 Allton Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1946 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 22, 1946 to June 22, 1946
that I last saw him alive on June 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction

Due to _____
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none 97

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 1

23. Signature J. C. Suggett (M. D. or other) M.D.
Address Columbia Date signed 6-24-46

Suggett
10
2
4
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-8-46

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 Thomas L. Zang

Licensed Embalmer No. 41321

P. O. Address Columbia

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.