No. 2
2-43
7-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24518

Registration District No. 263 Primary Registration District No. 59558 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Rural Big Creek (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: near Long Run mo 1 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. near Long Run mo 0 (If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME MARTHA. ROBIRDS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Nov (Month) 9 (Day) 1859 (Year)

8. AGE: Years 86 Months 6 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Ozark Co (City, town, or county) mo (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business .....

FATHER
12. Name James Berry
13. Birthplace unknown (City, town, or county) Va. 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ✓ (City, town, or county) d (State or foreign country)

16. (a) Informant C. D. Robirds

(b) Address Long Run mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-46 (Month) (Day) (Year)

(c) Place: burial or cremation Hicks Cemetery

18. (a) Signature of funeral director Roller Funeral Home

(b) Address Gainesville mo

19. (a) [illegible] 1946 (Date received local registrar) Mary P. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1946 hour 10 17 minute A M.

21. I hereby certify that I attended the deceased from May 20, 1946 to June 1, 1946 that I last saw her alive on June 1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile Mitral Stenosis	
Due to	
Due to	
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 J. L. Shirley (M. D. or other) 0

Address Ava, mo Date signed 6-8-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 746-746
Date Filed JUL 12 1946

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 Lawrence P. Hall

Licensed Embalmer No. 2784

P. O. Address Greenville, Me.

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.