

V. S. No. 2
00M-5-43
Rev. 5-17-39
1 X38671

FILED SEP 10 1946

Registration District No. **155**

Primary Registration District No. **3127**

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

269

2600M

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution Jones Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 43 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1228 W. Dougherty
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME: Ida May Robison

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1946 at hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from 8-1-1946 to 8-5-1946
that I last saw her alive on 8-5-1946
and that death occurred on the date and hour stated above.

4. Sex: Female

5. Color: White

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

6. (b) Name of husband or wife: Joe L. Robison

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: July 24 1881
(Month) (Day) (Year)

Immediate cause of death: diffuse Peritonitis

Due to: Carcinoma and adhesions around Cecum

Due to: former operations

Other conditions: _____
(Exclude pregnancy within 3 months of death)

Major findings: major adhesions and carcinoma of Cecum area

Of autopsy: _____

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>0</u>	<u>12</u>	hr. min.

9. Birthplace: Creedon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: Housewife

12. Name: Harriett H. Hudson

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

14. Maiden name: Jessie Mae Withers

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

22. If death was due to external causes, all of 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) _____
_____ (Specify type of injury)

16. (a) Informant: Joe L. Robison

(b) Address: North City, Mo.

17. (a) Burial, cremation, or removal: Burial

(b) Date thereon: Aug 7 1946
(Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEMETARY

18. (a) Signature of funeral director: W. H. ...

(b) Address: North City, Mo.

19. (a) AUG 7 1946 (Date received local registrar)

(b) J. P. ... (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Signature: Mrs. Dougherty (M. D. or _____)

Address: North City, Mo. Date signed 8/17/46

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46-8-685

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.....

Harvey C. Armer

Registered Apprentice No. *412*

working under my personal supervision.

Signed *Clayton M. Johnston*

Licensed Embalmer No. *4804*

P. O. Address *Webb City, Mo.*

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.