

FORM 8-43
 rev. 5-17-39
 I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF VITAL RECORDS
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27930

State File No. _____

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Demarest

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demarest 78

(c) City or town Hays rural
(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 Maggie Robinson

3. (b) If veteran, no name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1946 hour 5 minute _____ A.M.

21. I hereby certify that I attended the deceased from 6-30-46 to 8-3-46
 that I last saw her alive on 7-6-46
 and that death occurred on the date and hour stated above.

4. Sex F 3 5. Color or race col 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased 10-10-1882
(Month) (Day) (Year)

Immediate cause of death apoplexy Duration _____

Due to Hypertension & arteriosclerosis

Due to _____

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

8. AGE: Years 63 Months 7 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Haley Springs Miss
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

Major findings: Of operations 430

Of autopsy _____

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Mack Bertman

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

14. Maiden name Clare Walker

15. Birthplace Haley Spring Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Lee

(b) Address St Louis Mo

17. (a) Burial (b) Date thereof 8-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lin Home on

18. (a) Signature of funeral director Harmon and co

(b) Address St Louis Mo

19. (a) 8-10-46 (b) Sue Kelly
(Date received local registrar) (Registrar's signature)

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 2

23. Signature J. B. Masters (M.D. or other) _____
 Address Hays Date signed 8-3-46

8-46-194

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.....

Licensed Embalmer No.....

P. O. Address.....

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.