

FILED AUG 19 1946

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, give "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) sp

3. (a) PRINT FULL NAME MARIE ROBINSON

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

4. Sex M 5. Color or race col 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased July - unknown
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 ✓ ✓ hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Netta Carter

(b) Address 405 Hillman

17. (a) Buried (b) Date thereof 7-26-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director R. L. Carr

(b) Address 417 N. 5th Moberly Mo

19. (a) 7-26-46 (b) Leah Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 405 Hillman
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
 year 1946 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from January 1945 to July 23 1946
 that I last saw her alive on July 23 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Breast Duration ✓

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) ✓ 50

Major findings: ✓ 50
 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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature R. Williams (M. D. or other) _____

Address Moberly Mo Date signed 7-26-46

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

2
45
39
47070

RECEIVED
District Health Officer No. 10
District File Number 8-10-1516
Date Filed AUG-1-4-1946

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.....

Robert L. Case

Licensed Embalmer No.....

3190

P. O. Address.....

no body no

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.