S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1947

Registration District No. 295

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2134

Primary Registration District No. 4443

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Huntsville /
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nancy Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 3

5. Color or race negro

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 January (Month) 1 (Day) 1915 (Year)

8. AGE: Years 32 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Yates (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation housework

11. Industry or business

FATHER
12. Name George Robinson 0
13. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Jane Harvey
15. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Russell Robinson
(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/15/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville Mo

19. (a) 1-18-1947 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1947 hour 11:30 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 11, 1947, to Jan 11, 1947 that I last saw her alive on Jan 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 5 Hours

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) (e) Means of injury 0

23. Signature O. V. Dreyer (M. D. or other) MD
Address Huntsville Mo Date signed 1/17/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 147171
Date Filed JAN 23 1947

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.