

No. 2  
2-45  
17-39  
X47070

FILED MAR 14 1947

Registration District No. 45

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Lucy Lee Hospital 7  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Patricia Erlene Robinson

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W

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

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

7. Birth date of deceased Feb. 20 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 6 hr. \_\_\_\_\_ min.

9. Birthplace Poplar Bluff Mo 7  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Earl Robinson

13. Birthplace Missouri 7  
(City, town, or county) (State or foreign country)

14. Maiden name Norma Brown

15. Birthplace Missouri 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Robinson

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 2/21/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.  
Greer Croy & Fitch

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Poplar Bluff, Mo.

19. (a) 3-4-47 (b) Robinson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL") 7

(d) Street No. 621 Park (If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No) 7  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 20, 1947 to Feb 20, 1947  
that I last saw her alive on Feb 20, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
atletosis of newborn  
Due to Prematurity (6 1/2 mo)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ 157  
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) 6  
(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other) \_\_\_\_\_ M.D.  
Address Poplar Bluff, Mo. Date signed 3-3-47

RECEIVED

District Health Office No. 2,

District File Number 367-35

Date Filed 3-12-4

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.....

~~John M. Davies~~ John M. Davies, Registered Apprentice No. 487  
working under my personal supervision.

Signed Wallace M. Fitch

Licensed Embalmer No. 3839

P. O. Address Poplar Bluff

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.