

No. 2  
-12.45  
5-17.39  
1 X47070

Registration District No. **2397**

Primary Registration District No. **3048**

**1. PLACE OF DEATH:**

(a) County **Nodaway**

(b) City or town **Maryville, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**623 West 3rd.** /  
(If not in hospital or institution, write street number or location)

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

In this community **54 Years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Nodaway** **74**

(c) City or town **Maryville** **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. **623 West 3rd.** **2**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0**  
(Yes or No)

If yes, name country **None**

**3. (a) PRINT FULL NAME** **MAGGIE GARRISON ROBINSON**

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **10th**  
year **1947** hour **3** minute **35** A. M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **James B. Robinson** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **January 9, 1868**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1** to **July 10, 1947**  
that I last saw her alive on **July 10, 1947** and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **6** Days **1**  
If less than one day

Immediate cause of death **Heart and Respiratory failure**

Due to **Paralysis Rt. side with paralysis of throat causing inability to swallow**

9. Birthplace **Denver Missouri**  
(City, town, or county) (State or foreign country)

Other conditions **53 P**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Isaac Buckingham Garrison**

13. Birthplace **Green County Pa.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Ann Hymer**

15. Birthplace **Mt. Sterling Illinois**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant **Chilton Robinson**  
(b) Address **Maryville, Mo.**

17. (a) **Burial** (b) Date thereof **7/12/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Price Funeral Home**  
(b) Address **120 East 1st Maryville, Mo.**

19. (a) **July 19, 1947** (b) **Bess Bolt**  
(Date received local registrar) (Registrar's signature)

23. Signature **Chas P Bell** (M. D. or other) **M.D.**  
Address **Maryville Mo** Date signed **7/11/47**

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

MOTHER FATHER

DEC 9 1957

JUL 31 1957

DISTRICT HEALTH OFFICE  
Cameras, Mo.

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 John W. Price  
Licensed Embalmer No. 4281  
P. O. Address Maryville 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.