

No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37786

State File No. _____

FILED NOV. 20 1947
Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 931

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days 0
(Specify whether years, months or days)

In this community 13 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jefferson 999
 (c) City or town Mt. Vernon 11
(If outside city or town limits, write "RURAL") 0
 (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 OLIVIA ROBINSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Will Robinson 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased September 17, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	1	13	hr. min.

9. Birthplace Mt. Vernon, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home Making

MOTHER FATHER { 12. Name Louis Roder
 13. Birthplace Freeburg, Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Shantz
 15. Birthplace Unknown, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Will Robinson (husband)
 (b) Address 1929 Cozey Ave., Mt. Vernon, Ill

17. (a) removal (b) Date thereof 10/30/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Vernon, Illinois

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri

19. (a) 10-30-47 (b) M. E. Handley MD
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
 year 1947 hour 9 minute 47 A. M.

21. I hereby certify that I attended the deceased from October 18, 1947, to Oct 30, 1947.
 that I last saw h. er alive on Oct 29, 1947.
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration Instant

Due to Comminuted fracture left femur 12 days
Comminuted fracture rt wrist

Due to _____

Other conditions Contusion to chest Facial laceration 12 days
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
 Of operations: _____
 Of autopsy: _____

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) accident 039
 (b) Date of occurrence Oct 18 1947
 (c) Where did injury occur? By bb near stuffed mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway
(Specify type of place)
 While at work? no (2) Means of injury auto accident

23. Signature Daniel P. Haney (M. D. or other) _____
 Address Springfield, MO Date signed 30 Oct 47

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

call. with other M. Ver

NOV 28 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.....

Lee Mason....., Registered Apprentice No. *477*
working under my personal supervision.

Signed *Jewell E. Munch*.....

Licensed Embalmer No. *2831*.....

P. O. Address *Springfield 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.