

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39291

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
328 North Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 328 North Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Robinson

3. (b) If veteran, name war No 3. (c) Social Security No. 493-26463

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

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

7. Birth date of deceased May 9 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 23 hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business " "

12. Name Harrison Jacobs

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

14. Maiden name Lary Price

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

16. (a) Informant William Jacobs

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 11/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Quest-Life F. Home

(b) Address Richmond, Missouri

19. (a) Nov 6-1947 (b) Malcolm Jacobs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1947 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10-7-47 19____ to 11-2-47 19____
that I last saw her alive on 10-30-47 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 day

Due to Hypertension ?

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Jos. F. Love (M. D. or Other) _____
Address Richmond, Mo. Date signed 11-6-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-17-47

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 J. [Signature]
Licensed Embalmer No. 4096

P. O. Address Richmond, Va.

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.