

FILED FEB 4 1948

Registration District No. 16

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4030

State File No. 101

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Golden City
(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.....
In this community 42 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Golden City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT MARTHA ELIZABETH ROBBINS
FULL NAME

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ABRAM ROBBINS 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 11 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Greene County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

12. Name John Wesley Lewis

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

14. Maiden name Nancy Emeline Rhoades

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

16. (a) Informant Mrs. Mary Jordan

(b) Address Golden City, Mo.

17. (a) burial (b) Date thereof Feb. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cem. Golden City, Mo.

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Golden City, Mo.

19. (a) Jan. 31 - 1948 (b) Blazel W. Pugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th
year 1948 hour 18 minute 30 p. M.

21. I hereby certify that I attended the deceased from Jan 12 1948 to Jan 30 1948
that I last saw her alive on Jan 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronica 2 yrs.
Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1948
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) (a) Means of injury.....

23. Signature Dudolf Kussop (M. D. or other).....
Address Golden City, Mo. Date signed 1/31/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 248-185
Date Filed FEB 3 1948

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.....

Licensed Embalmer No. 3278

P. O. Address.....

Golden City, 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.