

National Office of Vital Statistics  
FILED FEB 3 1948

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 6

Registration District No. 297

Primary Registration District No. 4411

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike 82

(c) City or town Bowling Green 1  
(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 FULL NAME LENA SUE ROBINSON

3. (b) If veteran, name war x

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) ~~Single~~, widowed, married, divorced 2

6. (b) Name of husband or wife Edweter Robinson 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Nov 18 1911  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>2</u>	<u>2</u>	hr. _____ min.

9. Birthplace Clark Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

12. Name Edward T. Smith

13. Birthplace Lewis Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Hannie Biggs

15. Birthplace Clark Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vernon R. Biggs

(b) Address Bowling Green Mo

17. (a) Burial (b) Date thereof 1-22-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Year Denahan

(b) Address Bowling Green Mo

19. (a) 1-24-48 (b) Bill Robinson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20  
year 1948 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct 1-20-48  
to 1-20-48 1948

that I last saw him alive on 1-20-48 1948  
and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

Immediate cause of death Carcinoma of Liver 2 Mts.

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

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

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

Major findings: 46F

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause of 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? 2  
(Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature J.M. Mathews (M. D. or other) MD

Address Bowling Green Mo Date signed 1-21-48

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

MOTHER FATHER

FEB 18 1948

FEB 5 1948

RECEIVED  
District Health Officer No. 10  
District File Number 1-48-188  
Date Filed JAN 30 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 \_\_\_\_\_

*Harold C. Kline*

Registered Apprentice No. 4

working under my personal supervision.

Signed *George W. Danforth*

Licensed Embalmer No. 2204

P. O. Address *Bowling Green Inn*

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.