

FILED MAY 17 1948

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 370

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Rural—South Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County Greene
(c) City or town Rogersville, Mo.—Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route # 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Hiram Robb

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

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

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

7. Birth date of deceased June 3 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 29 If less than one day hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Wm. Robb
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name (first name unknown) Zimmerman
15. Birthplace Rogersville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hirma Robb, Jr.
(b) Address Monett, Missouri

17. (a) Burial (b) Date thereof 5/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Cem.

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 5-3-48 (b) W. J. Hurdley MD
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 2
year 1948 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 29,
1948 to May 2, 1948,
that I last saw him alive on May 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 940

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 ✓

23. Signature P. C. Michael MD (Date signed 5/1/48)
Address Springfield Mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Walter E. Daniels

Licensed Embalmer No.

3808

P. O. Address

Springer Ms

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.