No. 2
11-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31812

FILED OCT 5 1948

Registration District No. 3420 Primary Registration District No. 6225 Registrar's No. 133

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yr 4 mo 12 day (Specify whether years, months or days)

In this community Same Time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Liberal (If outside city or town limits write "RURAL")

(d) Street No. None (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Laura Robinson

3. (b) If veteran, name war ✓

3. (c) Social Security No. unknown

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George W. Robinson

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August (Month) 29 (Day) 1866 (Year)

8. AGE: Years 82 Months 0 Days 30 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business None

FATHER 12. Name Samuel Patterson

13. Birthplace Green Co (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Martha ?

15. Birthplace Green Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Records

(b) Address State Hospital #3

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Barton City Cem. Liberal, Mo.

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 9-30-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 221

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 28 year 1948 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from January 17, 1948, to Sept 27, 1948 that I last saw her alive on Sept. 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Cardiovascular Disease — Duration unknown

Due to —

Due to —

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

Major findings: Of operations —

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) (e) Means of injury

23. Signature James J Pascoe (M. D. or other) MD

Address State Hospital #3 Date signed 9-28-48.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No
District File Number 9-4-8-
Date Filed 10-4-48

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 Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.