

FILED APR 2 1949  
2/10

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5775

Registrar's No. 23

## 1. PLACE OF DEATH:

(a) County Mercer  
 (b) City or town Rural Somerset Twp.  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community 71 yrs, 24 days  
 years, months or days

3. (a) PRINT FULL NAME Lottie Corine Robinson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Jess Robinson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Febr. 10, 1878  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 24 hr. min.

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

10. Usual occupation Housekeeper  
Own Home

## 11. Industry or business

12. Name Thomas Livick  
 13. Birthplace Edinburg Ind.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Schoolman  
 15. Birthplace Peoria Ill.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Wayne E Robinson  
 (b) Address Mercer, Mo.

17. (a) Burial (b) Date thereof Mar. 8, 1949  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilder Cemetery

18. (a) Signature of funeral director James L. Greenlee

(b) Address Lineville, Iowa

19. (a) 3-20-49 (b) m. J. Rutz 397  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer  
 (c) City or town Rural  
 (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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 4 day March  
 year 1949 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 1 1938 to March 4 1949  
 that I last saw her alive on Mar 1 1949  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal  
Disease with cerebral softening 10 yrs.

Due to Cerebral hemorrhage 1938

Due to Progressive cerebral softening  
past 2 years, very bad, with mental  
loss Exhaustion 2 yrs  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

## Major findings:

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

Of autopsy None made.

## 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?  
 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature A. S. Bristow (M. D. 0)  
Princeton, Mo. Address Date signed 3-5-49

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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

*Amos L. Grunkin*

Licensed Embalmer No.

*3967*

P. O. Address

*Linnville La.*

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.