

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15680
 State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (In this place) <u>3 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong-Rural-Burton</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Jennie</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Robb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 15, 1887</u>		
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		9. AGE (In years last birthday) <u>62</u>		
11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Washington Dixon</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Craed</u>			14. NAME OF HUSBAND OR WIFE <u>William Harvey Robb</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Harvey Robb Armstrong</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wremia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Nephritis + Diabetes</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>260X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____				
22. I hereby certify that I attended the deceased from <u>August 1948</u> , to <u>April 15, 1949</u> , that I last saw the deceased alive on <u>April 15, 1949</u> and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Mr. Shaw M.D.</u>				23b. ADDRESS <u>Fayette Mo.</u>		23c. DATE SIGNED <u>4-18-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Armstrong (Rural) Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-23-1949</u>		REGISTRAR'S SIGNATURE <u>Wendy Fern Sobel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		ADDRESS <u>Fayette Mo.</u>		

RECEIVED
District Health Officer No. 8
District File Number 5497
Date Filed 5-20-49

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 _____

Student Embalmer No. 392

working under my personal supervision.

Signed Marshall C. Blackwell
Student Embalmer

Signed Ralph A. Carr
Licensed Embalmer No. 3340

P. O. Address Jayette 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.