

FILED DEC 18 1944

Registration District No. 273

Primary Registration District No. 5781

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural Blaine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Brunley, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 78 yrs. 10 Mon. 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Brunley, Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Sept. 10, 1944 to Nov. 2, 1944
that I last saw her alive on Nov. 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Carcinoma
Duration 4 Months
Due to _____
Due to 468
Other conditions Acute Arthritis
(Include pregnancy within 3 months of death) 6 Months

Major findings:
Of operations None
Of autopsy None
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 Myron Jones (M. D. or other) NO.
Address Brunley, Mo. Date signed 11/3/44

3. (a) PRINT FULL NAME Mary Katherine Robinett
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Fe | 5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Sammy Robinett
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 22 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Miller, Co. (City, town, or county) (State or foreign country) (1)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Irvin Phillips
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Robinett
15. Birthplace Scott County Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Godfrey
(b) Address Brunley

17. (a) B. (b) Date thereof Nov. 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (c) Signature of funeral director T. D. Boney

(b) Address Bruria Mo.

19. (a) 11/3 (b) Myron Jones
(Date received local registrar) (Registrar's signature)

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

6000

498

RECEIVED

Miller County Health Dep't.

County File Number 44-~~123~~87

Date Filed 12-11-44

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.

No Embalming

Signed C. L. Casey

Licensed Embalmer No. 2694

P. O. Address Beria 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.