

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 43725

JAN 12 1940

Registration District No. 411Primary Registration District No. 5569

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Jasper
- (b) City or town Carl Junction R #1
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
Carl Junction R. #1 Box 182
(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) 40 Years
- In this community _____

3. (a) PRINT FULL NAME Anna Robison 125
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Robison 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 28, 1866
(Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>73</u> | <u>8</u> | <u>3</u> | hr. _____ min. |

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Louis Doty
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Reeder
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Robison
- (b) Address Carl Junction R#1, Carl Junction, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-39
(Month) (Day) (Year)
- (c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
- (b) Address 212 Joplin St., Joplin, Mo.
19. (a) 12-2-39 (Date received local registrar) Ed. D. James (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jasper
- (c) City or town Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. Carl Junction R #1, Box 182
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1939 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov 27
1939, to Dec 1, 1939
that I last saw her alive on Nov 29, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 wks.

Due to High Blood Pressure

Other conditions Chr. Parenchymatous nephritis

Major findings:
Of operations None performed

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 None

23. Signature James A. O'Brien (M. D. or other) M.D.

Address 614 1/2 Main St. Joplin, Mo. Date signed Dec 2 1939

RECEIVED

Distrib. Officer No. 6,

District File No. 1040-196

Date Filed JAN 11 1940

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 *[Signature]*

Licensed Embalmer No. 959

P. O. Address *[Signature]*

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, above space should be left blank.