

Registration District No. 732

Primary Registration District No. 4437

Registrar's No. 732

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 68 years
years, months or days

3. (a) PRINT FULL NAME Mrs Mary Robb

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jim Robb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 5 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 6 hr. min.

9. Birthplace ##### Howard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business 1

12. Name Richard Graves

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Levisa Reuhart

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miller Robb

(b) Address R. F. D. Higbee Mo

17. (a) Burial (b) Date thereof March 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Log Chappell

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) 3-13-40 (b) J. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town R. F. D. Higbee Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1940 hour 8 minute P.

21. I hereby certify that I attended the deceased from Mar 1 1940 to March 7 1940
that I last saw her alive on Mar 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure

Due to Myocarditis Chronic

Due to Heart insufficiency

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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) (e) Means of injury _____

23. Signature J. Williams (M. D. or other) 3
Address Higbee Mo Date signed 3-12-40

RECEIVED

District Health Officer No. 10

District File Number 3-40-697

Date Filed MAR 16 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 *me*

Registered Apprentice No. _____

working under my personal supervision.

Signed

Carl Roberson

Licensed Embalmer No. 4101

P. O. Address

Wigby 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, above space should be left blank.