

FILED JUL 12 1940

Registration District No. 20

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 1-1-2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Risco
(If outside city or town limits, write "RURAL")
(d) Street No. V
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Addie Otilia Robins

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

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

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

7. Birth date of deceased August 1, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Oak Ridge Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Phillips

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

14. Maiden name Rebecca Hickman

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

16. (a) Informant's own signature Randolph

(b) Address Risco, Mo.

17. (a) Burial (b) Date thereof 6-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge, Mo.

18. (a) Signature of funeral director Watties Funeral

(b) Address Dexter Mo.

19. (a) 6-11-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 40 hour 11⁰⁰ minute 55 A. M.

21. I hereby certify that I attended the deceased from June 5th
1940, to June 5th, 1940;
that I last saw her alive on _____, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration 4 1/2 hrs
Barium

Due to Burns AI
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations ✓
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) Accident

(b) Date of occurrence 6/5/40 @ 5th A.M.

(c) Where did injury occur? Risco New Madrid Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 121 Home

While at work? yes (Specify type of place) Coal oil explosion
(e) Means of injury

23. Signature J. H. Wessens (M. D. or other) _____
Address Cape Girardeau Mo. Date signed 6/5/40

WHITE LABEL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 10311

R. H. Thomsen
125 A. Spruill St.
Cape Girardeau
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.....

Virgil H. Kelch....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil H. Kelch
Licensed Embalmer No. 4102
P. O. Address Dexter, 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.