

ED JAN 16 1941

Registration District No. 378Primary Registration District No. 50-32-5-Registrar's No. 80-

## 1. PLACE OF DEATH:

- (a) County Howard  
 (b) City or town Rural  
 (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)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 71 years, months or days 28. (a) PRINT FULL NAME HANNAH ROBINSON

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

4. Sex Female 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced widow  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 14 1869  
 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Howard Co Mo  
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business \_\_\_\_\_

- MOTHER FATHER  
 12. Name Mart Arnold  
 13. Birthplace Howard Co Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Malinda Jackson  
 15. Birthplace Howard Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Gatewood  
 (b) Address 615 North Osage Sedalia Mo  
 17. (a) Hildale (b) Date thereof 11-29-40  
 (Burial, occupation, or seasonal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Burial  
 18. (a) Signature of funeral director Chas. S. ...  
 (b) Address New Franklin Mo  
 19. (a) 11-30-40 (b) Tommy D. ...  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Howard  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Reedport R.R.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25  
 year 1940 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 15 1940 to Nov 25 1940  
 that I last saw him alive on Nov 25 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon Duration 1 yr  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Cataracts Bil eyes 6 yr  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 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? \_\_\_\_\_  
 341  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature W. Bloom (M. D. or other) M.D.  
 Address Fayette Mo Date signed 11-30-40

RECEIVED  
District Health Officer No. 8,  
District File Number 1-2-47  
Date Filed 1-2-47

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**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.....

*T. L. Hall*

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.**