No. 2
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3679

Registration District No. 649 Primary Registration District No. 5360 Registrar's No. 1

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

77
0
0

1. PLACE OF DEATH:
(a) County Ozark
(b) City, or town Hammond Marion
(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 1 (Specify whether
In this community, 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ozark 77
(c) City or town Hammond 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALPHA LEE ROBINSON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race W.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife L. B. Robinson
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb. (Month) 18 (Day) 1885 (Year)

8. AGE: Years 55 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Hawkins Co. (City, town, or county) Tenn. (State or foreign country) 1
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Shelvy C. Kyle
13. Birthplace Tenn (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Defsy Brewer
15. Birthplace Tenn (City, town, or county) (State or foreign country) 1
16. (a) Informant L. B. Robinson
(b) Address Hammond, Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Thornfield
18. (a) Signature of funeral director B. Robinson
(b) Address Hammond Mo.
19. (a) Jan 20 41 (Date received local registrar) (b) Hattie G. Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1941 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza pneumonia	
Due to Influenza	
Due to	
Other conditions Hypertension (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?
5 9 1 (Specify type of place)
While at work? (e) Means of injury
23. Signature M. C. Gendry (M. D. or other) 0
Address Ava Mo Date signed 1-16-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 241-293
Date Filed FEB 12 1941

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 Denver Roller

Licensed Embalmer No. 4026

P. O. Address Ava, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.