

No. 2
-11-10-39
5-17-39
-1 X21

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

Registration District No. 47

Primary Registration District No. 5070

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural Deer Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural Deer Creek Twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gene Robards

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

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced D

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

7. Birth date of deceased Aug 11 1940
(Month) (Day) (Year)

8. AGE: # Years, 6 Months, 25 Days, _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Emuel Robards

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

14. Maiden name Asker

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

16. (a) Informant Emuel Robards

(b) Address Adrian Mo

17. (a) Burial (b) Date thereof 3-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial Hill cem

18. (a) Signature of funeral director length + sign

(b) Address Adrian Mo

19. (a) Mar. 10 1941 (b) Ethel C. Stephens
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months March day 6
year 1941 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar. 2,
_____, 1941, to March 6, 1941;
that I last saw him alive on March 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Septic sore throat
with blood stream
Due to infection.

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

Major findings:
Of operations _____
Of autopsy _____

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? 50 (Specify type of place) (e) Means of injury _____

23. Signature E. E. Robinson (M. D. or other) D
Address Adrian, Mo. Date signed 3-7-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 4-41-611

Date Filed 4-7-41

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.

This body was not embalmed.

Signed.....

Licensed Embalmer No. 3650

P. O. Address Adrian 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.