No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38692

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 157

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanitorium ( )
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 months (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1232 N. Broadway
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JESSIE M. ROBARDS

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

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

7. Birth date of deceased October (Month) 30 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	0	14	hr. ..... min.

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

10. Usual occupation Home

11. Industry or business Home

FATHER
12. Name Avery Robards
13. Birthplace ..... (City, town, or county) Missouri ( ) (State or foreign country)

MOTHER
14. Maiden name Cora Headlee
15. Birthplace ..... (City, town, or county) Missouri ( ) (State or foreign country)

16. (a) Informant C. L. Headlee

(b) Address 925 W. Lynn Spfd. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Comfort

18. (a) Signature of funeral director W. Klingner & Co

(b) Address Springfield Mo.

19. (a) 11-17-1941 (Date received local registrar) (b) P. A. Palmer (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1941 hour 9.25 minute P.M.

21. I hereby certify that I attended the deceased from March 4, 1941, to Nov. 14, 1941; that I last saw her alive on Nov. 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	Since 1932
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13b

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)

While at work? ..... (e) Means of injury .....

23. Signature Paul H. Wedin (M. D. ~~[illegible]~~)

Address Mt. Vernon, Mo. Date signed 11-15-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1241-1781
Date Filed DEC 8 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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address

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.