

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38976

State File No. _____

DEC 18 1941 625
Registration District No. _____

Primary Registration District No. 2031

Registrar's No. 143

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
416 W. 11th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 52 yrs
years, months or days)

3. (a) PRINT FULL NAME Otho Low Robey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucile Adele 6. (c) Age of husband or wife if alive 26
7. Birth date of deceased February 26 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Insurance Agent

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur S Robey
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eva Eklundson
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Donald Robey
(b) Address Marionville Mo

17. (a) Burial (b) Date thereof Nov. 12, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion County

18. (a) Signature of funeral director Priscilla Ferguson
(b) Address Marionville Mo

19. (a) Nov 15 1941 (b) Marion E Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Marionville
(If outside city or town limits, write "RURAL")
(d) Street No. 416 W. 11th 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1941 hour 2:30 minute _____ p. 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.

Immediate cause of death _____
Cerebral Thrombosis Sudden

Due to _____
13d

Other conditions History of Thrombosis
(Include pregnancy within 3 months of death)
Myocarditis

Major findings _____
Of operation _____
At autopsy Coronary Arteriosclerosis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.R. Jackson (M: D. or other) 0
Address Marionville Mo Date signed 11-12-41

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.

Signed..... *John W. Price.*
Licensed Embalmer No. *3229.*
P. O. Address *Maryville 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, fact should be so stated above.