

Dr. J. W. Robbins
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31017

State File No.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 212

Primary Registration District No. 4403

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Steele, Missouri
(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 13 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Johnson
(c) City or town Hagersville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Hector Alford Page

3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 5, 1940 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 17 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Robert Alford Page
13. Birthplace Treat, Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Alice Charloty Morgan
15. Birthplace Johnson County Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Alice Page
(b) Address Hagersville, Arkansas
17. (a) Removal (b) Date thereof Sept. 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Treat, Arkansas

18. (a) Signature of funeral director German Undt Co.
(b) Address Steele, Missouri
19. (a) Oct. 1, 1942 (Date received local registrar) (b) Mrs. Dorothy Hamra (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1942 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 16
to Sept 21 1942 to _____ 19____
that I last saw him alive on Sept-21-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Callitis
Due to poor feeds infections
Due to 1190
Other conditions None (Include pregnancy within 3 months of death)

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) (r) Means of injury _____

23. Signature J. W. Robbins (M. D. or other)
Address Steele Mo. Date signed 9-22
1942

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

78
3
0

MOTHER FATHER

10-42-7

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.....
Licensed Embalmer No. 5789
P. O. Address.....

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.