

FILED DEC 30 1942

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 wks
(Specify whether years, months or days)
In this community 48 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1210 No 13th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Bulo Robbins

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 5 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Millken

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

14. Maiden name M. Jenks

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

16. (a) Informant Bessie Rudolph

(b) Address 1210 No 13th

17. (a) Burial (b) Date thereof 12-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Olivet

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Goltman

19. (a) 12-6-42 (b) Geo Hayes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1942 hour 5 minute 45 AM.

21. I hereby certify that I attended the deceased from Dec 1
_____ 1942 to Dec 3 1942
that I last saw him alive on Dec 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to High Blood Pressure over year

Due to _____
Other conditions (Include pregnancy within 3 months of death) 107

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Charles H. Werner (M. D. or other) _____
Address 221 Kirkpatrick Bldg Date signed 12-4-1942

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

11
1
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.....

Robert D. Gable

Licensed Embalmer No. *3308*

P. O. Address.....

St. Joseph, 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.