

FILED JAN 13 1942
Registration District No.

Primary Registration District No. 1000

Registrar's No. 1249

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:
2014 Highly Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Not
(Specify whether years, months or days) 76 - 7 - 9

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. 2014 Highly
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Elizabeth Catherine Robinson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th.
year 1942 hour 11 minute 50 A. M.

3. (b) If veteran, name war No

3. (c) Social Security No. Noen

21. I hereby certify that I attended the deceased from Aug 13
1942, to Dec 16 1942
that I last saw her alive on Nov 25 1942
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lynn B. Robinson

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

7. Birth date of deceased April 7 1866
(Month) (Day) (Year)

Immediate cause of death
Carcinoma Stomach months

8. AGE: Years Months Days If less than one day
76 7 9 hr. min.

Due to

Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Home

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name John Blakely

PHYSICIAN

13. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Susan Cornelious

15. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Herfle (Daughter)

(b) Address 2014 Highly St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12-19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meischoffer

(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 12-19-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

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 Dr. D. D. ... (M. D. or other)

Address St. Joseph Mo Date signed 12-18-42

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

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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Geo E Daniel

Licensed Embalmer No..... 3300 Missouri

P. O. Address..... St. Joseph, Missouri.

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.