

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 38Primary Registration District No. 4038Registrar's No. 19

## 1. PLACE OF DEATH:

- (a) County Benton  
 (b) City or town Warsaw  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_  
years, months or days)8. (a) PRINT FULL NAME Mary Maude Robbins

- (b) If veteran, name war \_\_\_\_\_ B. (c) Social Security No. \_\_\_\_\_

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Edmond Thomas Robbins / 6. (c) Age of husband or wife if alive 74 years7. Birth date of deceased December 29 1883  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
59 5 9 hr. min.9. Birthplace Warsaw Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Jacob W. Bagby13. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Jessie Malone15. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant E. J. Robbins(b) Address Warsaw, Missouri.17. (a) Burial (b) Date thereof June 11, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: Riverside Cemetery18. (a) Signature of funeral director White-Reser(b) Address Warsaw, Mo.19. (a) 6/11/43 (b) Jas. A. Logan  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton(c) City or town Warsaw  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1943 hour 4 minute 30 P. M.21. I hereby certify that I attended the deceased from  
April, 20, 1943 to June, 8, 1943that I last saw her alive on June, 7, 1943, 19\_\_\_\_  
and that death occurred on the date and hour stated above.Immediate cause of death Hemorrhage Duration minutesDue to Cancer (soft) tissues of thigh 2 yrs.Due to 55eOther conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)Major findings: cancer of soft tissues of PHYSICIAN \_\_\_\_\_  
Of operations left thigh. Underline the cause to which death should be charged statistically.Of autopsy none

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) Means of injury \_\_\_\_\_

23. Signature E. J. Robbins (M. D. or other) RD  
Address Warsaw, Mo. Date signed 6/11/43

JUL 17 1944

RECEIVED

District Health Officer No. 7, 1944

District File Number 6-43-606

Date Filed 7-2-43

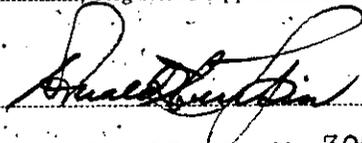
STATEMENT BY LICENSED EMBALMER

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. 3053

P. O. Address..... Warsaw, 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, above space should be left blank.