

S. No. 2
M-2-43
5-17-39
X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28641

State File No. _____

FILED AUG 28 1943

Registration District No. _____

Primary Registration District No. 5655

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 318 days
(Specify whether)

In this community 318 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jettis 80

(c) City or town Bedolin 6
(If outside city or town limits, write "RURAL") 7

(d) Street No. 200 West Jefferson
(If rural, give location)

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

3. (a) PRINT FULL NAME Rebecca Robinson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 28 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>5</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Nursework

11. Industry or business _____

MOTHER FATHER {

12. Name _____

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

14. Maiden name Anna Bell Robinson

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

16. (a) Informant Michael Reed Clerk

(b) Address Mo State Jan Mt Vernon Mo

17. (a) Removal (b) Date thereof 8-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longwood

18. (a) Signature of funeral director J.P. Alexander

(b) Address 400 W Cooper St

19. (a) 8/10/43 (b) Aubrey Crowder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1943 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 19, 1942 to August 2, 1943
that I last saw her alive on August 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13F1

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address Mo State Jan Date signed 8-2-43

Duration

abt 3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

1338

(Licensed Embalmer's Statement on Reverse Side)

Mount Vernon, Mo.

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

RECEIVED

District Health Officer No. 6,

District File Number 843-957

Date Filed AUG 25 1943

REC-113

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 me

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

Signed J. J. Alexander

Licensed Embalmer No. 4746

P. O. Address Sealiamo

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.