

287 1943

2000

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

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

In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

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

3. (a) PRINT FULL NAME Joyce Robbins

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1943 hour 2 minute 30 P.M.

4. Sex Female 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 XX years

7. Birth date of deceased January 22 1932
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 13 1943 to Dec 5 1943 that I last saw her alive on 10:30 a.m. Dec 5 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>10</u>	<u>13</u>	hr. _____ min.

Immediate cause of death Blood stream infection following surgery

Due to R. Quible

Due to 171 - 2

Other conditions 32
(Include pregnancy within 3 months of death)

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

10. Usual occupation Student

PHYSICIAN

Major findings: Diagnosed with R. Quible with cause of autopsy

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Joyce Robbins

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

14. Maiden name Walter

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 055

(b) Date of occurrence about Jan 2 - 43

(c) Where did injury occur? Aurora Lawrence Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On way to school Caught foot in wheel of bicycle.

16. (a) Informant Walter Ailton

(b) Address Aurora, Missouri

17. (a) Burial (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Missouri

18. (a) Signature of funeral director Walter Ailton

(b) Address Bill Fulk - Aurora, Missouri

19. (a) 12-6-43 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Handley Date signed 12-6-43

Address Springfield Mo

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

79
2
6

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 *Herman Perry*
Licensed Embalmer No. *3092*
P. O. Address *Chicago 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.