

FILED MAY 10 1944

Registration District No. **72**

Primary Registration District No. **5289**

Registrar's No. **54**

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

4
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1. PLACE OF DEATH:

(a) County **CLAY** *Nashua*

(b) City or town **NASHUA, MO.**

(c) Name of hospital or institution: **HOME**

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

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

In this community **LIFETIME** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **CLAY 24**

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **MARY MELVINA ROBB**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **28** year **1944** hour **I:** minute **8.** M.

4. Sex **FEMALE** Color or race **WHITE**

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

6. (b) Name of husband or wife **RUFUS FESOR ROBB**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **DEC 29 1908** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5/7/43** to **4/28/44** that I last saw **her** alive on **3/25/44** and that death occurred on the date and hour stated above.

8. AGE: Years **35** Months **3** Days **29** If less than one day _____ hr. _____ min.

Immediate cause of death **Carcinoma of cervix & adnexa of uterus**

Due to _____

Due to _____

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

Major findings: **Epidermoid carcinoma**

Of operations _____

Of autopsy _____

Duration **2 3/4 yrs**

9. Birthplace **CLAY COUNTY MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

12. Name **FRANCIS J. CAVANAUGH**

13. Birthplace **CLAY COUNTY MO.** (City, town, or county) (State or foreign country)

14. Maiden name **SALLIE L. PORTER**

15. Birthplace **PLATTE COUNTY MO.** (City, town, or county) (State or foreign country)

16. (a) Informant **RUFUS F. ROBB**

(b) Address **NASHUA, MO.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **4/30/44** (Month) (Day) (Year)

(c) Place: burial or cremation **BARRY, CLAY CO. MO.**

18. (a) Signature of funeral director *McComas Funeral Home*

(b) Address *Smithville, Mo.*

19. (a) *May 6 - 1944* (Date received local registrar) (b) *Ruth N. Henry* (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature *John H. Bryant* (M. D. or other) _____

Address *330 Apple Street, Clay Co. Mo.* Date signed *5/7/44*

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-9-47

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 S. A. McCowen,
Licensed Embalmer No. 2303
P. O. Address Swiftville, 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.