S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1931

Registration District No. 36 Primary Registration District No. 4083 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Carroll

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town DeWitt (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race N

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Chas. Robinson

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Unknown | Months | Days | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Willis
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Martha Woods
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lewis Smith

(b) Address DeWitt, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/1945 (Month) (Day) (Year)

(c) Place: burial or cremation DeWitt Cemetery

18. (a) Signature of funeral director Marshall Funeral Home

(b) Address Carrollton, Mo.

19. (a) 1-21-1945 (Date received local registrar) (b) Hester Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th year 1945 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from a Coroner, Leal, 19 ; ~~that I last saw h alive on~~ Jan - 19th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral ~~Hemorrhage~~ Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 3

23. Signature Charles Riett (~~M.D.~~ Coroner or other)

Address Tina Mo Date signed 1-19-45

861 (Licensed Embalmer's Statement on Reverse Side)

2-9-45

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

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.