

FILED JAN 25 1946

Primary Registration District No. 3056

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Randolph/
(b) City or town Moberly Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital. Moberly Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About Two Weeks.
(Specify whether
In this community 83yrs 6mo. 18da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Jeff. D. Robb.

3. (b) If veteran,
name war. 1

3. (c) Social Security
No. ✓

4. Sex Male 5. Color or
race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. May 16 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 18 hr. min.

9. Birthplace Randolph Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business _____

MOTHER FATHER

12. Name Nathaniel Robb

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

14. Maiden name Mary Ann Lessly.

15. Birthplace Randolph Co.
(City, town, or county) (State or foreign country)

16. (a) Informant Miller Robb.
(b) Address Higbee Mo.

17. (a) Burial (b) Date thereof Dec 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Log Chapel.

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo.

19. (a) Dec 6-45 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1945 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 24
1945, to Dec 4 1945.
that I last saw him alive on Dec 3 1945.

and that death occurred on the date and hour stated above.
Immediate cause of death Ch. nephritis.

Due to Arteriosclerosis

Due to 2) Uraemia

Other conditions _____
(Include pregnancy within 3 months of death) 31/2

Major findings:
Of operations none

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) (e) Means of injury _____

23. Signature Ed Smith (M. D. or other)
Address Moberly Mo Date signed 12/11/45

Duration

Renal
Wky

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100798

RECEIVED

District Health Officer No. 10

District File Number 1-46-110

Date Filed JAN. 23, 1946

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

working under my personal supervision.

Registered Apprentice No. _____

Signed

James W. Stearns

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.