

S.No. 2.
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32511

FILED SEP 25 1946

Registration District No. 368

Primary Registration District No. 6248

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Richwoods Rural
(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) 1881
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Richwoods Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1946 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from _____, 1941, to _____, 1946
that I last saw her ex alive on 16th Sept, 1946
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mary Louise Robart
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas Robart 6. (c) Age of husband or wife if alive Decased years
7. Birth date of deceased Nov 20 1859 (Month) (Day) (Year) 1946

8. AGE: Years 86 Months 9 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Washington Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Recar
13. Birthplace Washington Co MO (City, town, or county) (State or foreign country)
14. Maiden name Pauline Cordia
15. Birthplace Washington Co MO (City, town, or county) (State or foreign country)

16. (a) Informant Robert Robart
(b) Address Star Rt Blackwell MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Stephens Cem.

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Amo 46 (Date received local registrar) (b) _____ (Registrar's signature)

Immediate cause of death Artero Celerosis
Due to Broken Illiam
Insanity
Due to Infirmity of Age
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy A
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. W. Darsie (M. D. or other)
Address Richwoods Date signed 1946

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

RECEIVED

District Health Officer No. 4
District File Number 946-2668
Date Filed 9-24-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.