P. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39859

FILED JAN 10 1947

Registration District No. 55

Primary Registration District No. 3010

Registrar's No. 449

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether In this community 1 day — At Advance Mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Advance Mo. (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Harl Eugene Robins

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 499-20-7012

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased April 8 - 1923 (Month) (Day) (Year)

8. AGE: Years 23 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Public Works

11. Industry or business Dewshine Biscuit Co.

FATHER
12. Name Clarence Robins
13. Birthplace Advance Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Davis
15. Birthplace Marble Hill Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Robins

(b) Address Advance Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation Advance Mo

18. (a) Signature of funeral director Loyd Maryan

(b) Address Advance Mo

19. (a) 1-6-1947 (Date received local registrar) (b) E. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1946 hour 8 minute 30 p M.

21. I hereby certify that I attended the deceased from Dec 24, 1946, to Dec 25, 1946; that I last saw him alive on Dec 25, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic emphysema due to penetration of fractured ribs into rt lung — Duration 1 day

Due to

Due to

Other conditions Fractured pelvis (Include pregnancy within 3 months of death)

Major findings: Of operations Positive air pressure rt. pleural cavity

Of autopsy

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) Auto accident

(b) Date of occurrence Dec. 24-1946

(c) Where did injury occur? near Fredericktown Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public highway (Specify type of place)

While at work? (e) Means of injury Auto accident

23. Signature R. A. Ritter M.D. (M. D. or other)

Address Cape Girardeau Mo Date signed 12-26-46

(Licensed Embalmer's Statement on Reverse Side)

44

coll. with fixed object

FEB 4 1947

RECEIVED
District Health Officer No. 4
District File Number 147-49
Date Filed 1-7-47

JAN 13 1947

MAR 12 1948

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 Lloyd S. Morgan, Registered Apprentice No._____, working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Adrian 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.