

FILED MAR 26 1947

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville

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

(d) Length of stay: In hospital or institution 5 weekw
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. 313 Linn Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Robinson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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 December 17 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 27
If less than one day hr. min.

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

10. Usual occupation Housewife
Home

11. Industry or business _____

12. Name George Chas. Ziehr

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

14. Maiden name Gertrude Schaller

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

16. (a) Informant Mrs. Vivian Ewing

(b) Address Brookfield, Missouri

17. (a) Removal (b) Date thereof 3/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield, Mo

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

(b) Address Brookfield, Mo.

19. (a) 3-17-47 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 13
year 1947 hour 8:40 minute A: M.

21. I hereby certify that I attended the deceased from Jan 25 1947 to March 13 1947
that I last saw her alive on March 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death gangrene of rt leg
Due to arteriosclerosis

Other conditions fracture upper end of femur 1-23-47
(Include pregnancy within 3 months of death)

Major findings: open reduction of fracture

Of operations _____

Of autopsy ✓

Duration

1 wk

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) accident

(b) Date of occurrence 1-23-47

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Slipped on rug in home
While at work _____ (Specify type of place) (e) Means of injury fracture femur

23. Signature Carl Laughlin (M. D. or other) D.O.
Address Kirkville, Mo Date signed 3/14/47

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

MOTHER FATHER

RECEIVED
Director of Health Officer No. 10
2-47-53
MAR 26 1947
F1-6

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 *D. E. Riley*

Licensed Embalmer No. 4181

P. O. Address *Hunterdon Co. N.J.*

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.