

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 8 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27522

State File No. _____

Registration District No. _____

Primary Registration District No. 4225

Registrar's No. 53

1. PLACE OF DEATH: Holt
 (a) County Oregon
 (b) City or town no
 (c) Name of hospital or institution: Brown Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Margaret S. Robbins.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 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: April 22 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant J.R. Robbins

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof Aug. 26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burr Oak Cemetery Skidmore Mo.

18. (a) Signature of funeral director H. Crawford

(b) Address Mound City, Mo.

19. (a) Aug 27 47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt
Skidmore.
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1947 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from 21 August 1946 to August 23, 1947; that I last saw her alive on August 22, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver, Gall Bladder with metastasis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature H.E. Collier (M. D. or other) D.O.

Address Forest City, Mo. Date signed 8/25/47

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

MOTHER FATHER

Duration

1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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. *1824*

P. O. Address *Maum City 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.