

2
43
39
36671

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

FILED JAN 3 1949

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **398**

1. PLACE OF DEATH:
 (a) County **Marion**
 (b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
(Specify whether years, months or days)
 In this community **1706 Wardlow St**

3. (a) PRINT FULL NAME **Mary Robinson**
3. (b) If veteran, name war: _____ **3. (c) Social Security** No: _____

4. Sex **Female** **3** **5. Color or race** **Negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Wm Robinson**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **1** **2** **1869**
(Month) (Day) (Year)

8. AGE: Years **99** Months **11** Days **28**
 If less than one day hr. _____ min. _____

9. Birthplace **New London** **MO** **U**
(City, town, or county) (State or foreign country)
10. Usual occupation **Domestic**

11. Industry or business _____
12. Name **Wm Morrison** **(1)**
13. Birthplace **New London** **MO**
(City, town, or county) (State or foreign country)
14. Maiden name **Janelle**
15. Birthplace **Rolla** **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lehas Robinson**
(b) Address **Jefferson City MO**
17. (a) Burial **(b) Date thereof** **12-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New London MO**
18. (a) Signature of funeral director **Geo E Roberts**
(b) Address **Hannibal MO**
19. (a) 12-28-48 **(b) Dr E M Lucker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Marion**
 (c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1706 Wardlow St**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **28**
 year **48** hour **11** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **Oct 30**
19 **48** to **Nov 28** **19** **48**
that I last saw her alive on **Nov 27-48**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremic Coma
 Due to _____
Stronic Reflexio
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____ **131B**
 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)
 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 **0**
23. Signature **H P M Mcken** (M. D. or other) **MD**
Address **Hannibal MO** **Date signed** **12/29/48**

JAN 3 1949

JAN 6 1949

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.....

Geo E Roberts

Licensed Embalmer No. *2113*

P. O. Address. *Hannibal 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.