

FILED JAN 11 1944

Registration District No. 12

Primary Registration District No. 3014

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 452 N. Main St (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MARTHA ROBINSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color 3 Negro

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

6. (b) Name of husband or wife Charles Robinson 6. (c) Age of husband or wife if alive 11 years (Month) (Day) (Year)

7. Birth date of deceased Dec. 11-1848 (Month) (Day) (Year)

8. AGE: Years 95 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation Home wife

11. Industry or business \_\_\_\_\_

12. Name Nelson Monholland

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

14. Maiden name Smith

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

16. (a) Informant A. H. Thurman

(b) Address 443 N. Main - Liberty Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 27 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Liberty Mo

18. (a) Signature of funeral director Charles Arthur

(b) Address Liberty Mo

19. (a) Dec 24 1943 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1943 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 1920 to Dec 21 1943 that I last saw h. alive on Dec 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis Duration 20 yrs.

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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature Dr. Burton Mathey (M. D. or other) M.D.  
Address Liberty Mo Date signed 21-12-43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

1-10-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty 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.