

FILED MAY 1 1940
Registration District No. 329

Primary Registration District No. 3195

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy, Mo
(b) City or town Laredo, Mo
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 16 months (Specify whether _____
years, months or days) 11 33. (a) PRINT FULL NAME LEWIS M. ROBERTSON

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Anna Robertson 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased Oct 7 1869
(Month) (Day) (Year)8. AGE: Years 70 Months 5 Days 24 If less than one day _____ hr. _____ min.9. Birthplace Grundy Co., Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name William Robertson
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Louise Graham
15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jessie Robertson(b) Address Laredo, Mo.17. (a) Burial (b) Date thereof 4. 2. 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Rural Dale, com.18. (a) Signature of funeral director E. J. Robertson(b) Address Laredo, Mo.19. (a) March 3 1940 (b) Mrs. Mabel Warren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy(c) City or town Laredo
(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 March day 31
year 1940 hour 3 A minute 47 M.21. I hereby certify that I attended the deceased from July 6, 1939 to March 21, 1940
that I last saw him alive on March 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary ThrombosisDue to ChronicarteriosclerosisDue to MyocardialOther conditions _____
(Includes pregnancy within 3 months of death)Major findings: _____
Of operations _____

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) _____

(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? _____

95%
While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Jay J. Day (M. D. or other) _____Address Laredo, Mo. Date signed 4/1/40

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 *E. J. Robertson*
Licensed Embalmer No. *2467*
P. O. Address *Fairfax, Md.*

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, above space should be left blank.