

No. 2  
-11-10-39  
-5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35571

State File No. \_\_\_\_\_

NOV 15 1940  
Registration District No. 4 11

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin Mo  
(c) Name of hospital or institution: St. Johns Hospital  
(d) Length of stay: hospital or institution  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 2705 Wall  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Joseph. Prosser, Robertson  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 31  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male (5. Color or race W.)  
6. (b) Name of husband or wife \_\_\_\_\_ (6. (a) Single, widowed, married, divorced, infant)  
7. Birth date of deceased 10/30/140 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-30 1940 to 10-31 1940  
that I last saw him alive on 10-31 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: cerebral atabasi  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Joplin Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Henry M. Robertson  
13. Birthplace North Platte Neb (City, town, or county) (State or foreign country)  
14. Maiden name Marjorie A. Wilkerson  
15. Birthplace North Platte Neb (City, town, or county) (State or foreign country)

16. (a) Informant Nancy M. Robertson (b) Address 2705 Wall Joplin Mo  
17. (a) Burial (b) Date thereof 11/1/40 (Month) (Day) (Year)  
(c) Place: burial or cremation Newton Burial Park

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) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Mark Eisinger  
(b) Address Newark Mo  
19. (a) 11-1-40 (b) Ed E. Jarne (Date received from registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address Joplin, Mo Date signed \_\_\_\_\_

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

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 Mark Eichinger

Licensed Embalmer No. 2636

P. O. Address Nevada 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, above space should be left blank.