

RECEIVED MAR 19 1941

Registration District No. 277

Primary Registration District No. 5775

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town California, Mo. Rural Pilot Grove  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or (days)

3. (a) PRINT FULL NAME Mary E. Robertson

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 Sept. 12 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 0 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

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

MOTHER FATHER { 12. Name Robert Ratchiff  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nancy Foxworthy  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Shores  
(b) Address California, Mo.

17. (a) Burial (b) Date thereof Feb. 23rd 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olean Cem.

18. (a) Signature of funeral director G.N. Steffens  
(b) Address Russellville, Mo.

19. (a) 2-25-41 (b) Nadine Latham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66  
(c) City or town Olean, Mo. 0  
(If outside city or town limits, write "RURAL") 0  
(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 February day 21st  
year 1941 hour 8 minute 5 M.

21. I hereby certify that I attended the deceased from 2-8, 1941, to 2-21, 1941;  
that I last saw her alive on 2-15, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Coronary heart failure 13 days  
Due to Senility

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 13A

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

509 (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature James H. Allen (M. D. or other) MD  
Address Olean Mo Date signed 2-22-41

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.....

*G. M. Steffens*

Licensed Embalmer No. 2307

P. O. Address. *Russell Hall*

**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.**