No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10522

Registration District No. 251 Primary Registration District No. 5350 Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Daviess
(b) City ~~or town~~: Grand River Rural
(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: 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Daviess
(c) City or town: Jameson Rural
(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.? 0 years.

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3. (a) PRINT FULL NAME: Raymond 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: Married
6. (b) Name of husband or wife: Goldie Robertson
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: July (Month) 13 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
53	8	5	____ hr. ____ min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: Sam Robertson
13. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Mary Ann Trusty
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Goldie Robertson
(b) Address: Jameson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Gossey
18. (a) Signature of funeral director: G. H. Lotsomer 150
(b) Address: Pattonsburg Mo
19. (a) 3-22-41 (Date received by local registrar) (b) Ava Pugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1941 hour 4 minute 45 A. M.
21. I hereby certify that I attended the deceased from Mar 15, 1941, to Mar 17, 1941; that I last saw him alive on Mar 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia — Duration
Cardiac failure
Due to: Bronchial asthma 4 yrs
Due to: 10 yrs
Other conditions (Include pregnancy within 3 months of death): Acute pharyngitis & rhinitis & tonsilitis
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Hiv Bailey (M. D. or other)
Address: Gallatin Mo. Date signed Mar 18 1941

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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.