

FILED MAY 21 1949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

14662

Registration District No. 328

Primary Registration District No. 3017-5459

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town RX 4 Trenton Mo.  
(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 all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME alice cyphers  
3. (b) If veteran, name war -  
3. (c) Social Security No. none

4. Sex F. 5. Color or race w  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 188 years  
7. Birth date of deceased June 8 - 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 10  
If less than one day hr. min.

9. Birthplace mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER  
12. Name Jos Robertson  
13. Birthplace Trenton Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Cynthia Ann Robertson  
15. Birthplace missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillie Cyphers  
(b) Address Trenton mo

17. (a) Burial (b) Date thereof Jan 20 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Burial Cem

18. (a) Signature of funeral director Ch. Spoor  
(b) Address Trenton mo

19. (a) 1-20-41 (b) Pene D Fair  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Grundy  
(c) City or town RX 4 Trenton mo  
(If outside city or town limits write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18  
year 1941 hour 8:20 minute PM  
21. I hereby certify that I attended the deceased from Jan 1st  
1937 to Jan 18th 1941  
that I last saw her alive on Jan 18th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration ??

Due to 93H

Due to Chronic Cholecystitis with stones  
Other conditions (include 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?

23. Signature Oliver F. Duffy (M. D. or other) M. D.  
Address Trenton mo Date dictated 1941  
While at work? 300 (Specify type of place) (e) Means of injury

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

40  
00

**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 \_\_\_\_\_

*C. W. Spain*

Licensed Embalmer No. 3109

P. O. Address Newton, Mass

**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.