. No. 2
—1-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17692

Registration District No. 263 Primary Registration District No. 4163 Registrar's No.

1. PLACE OF DEATH:

(a) County Decalb

(b) City or town Weatherby
(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 years, months or days)

In this community Life (most)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Decalb

(c) City or town Weatherby
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Laura Robertson

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Fe /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Frank Robertson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan 6, 1881 (Month) (Day) (Year)

8. AGE: 60 Years 4 Months 26 Days If less than one day hr. min.

9. Birthplace Marion Co. Va. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name James Newton Walton.

13. Birthplace Va / (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Overbay

15. Birthplace Va. / (City, town, or county) (State or foreign country)

16. (a) Informant Frank Robertson

(b) Address Weatherby Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 4, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Weatherby Mo.

18. (a) Signature of funeral director [illegible]

(b) Address Gallatin Mo.

19. (a) June 4 (Date received local registrar) (b) James Fitzgerald (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 41 hour 7 30 minute a M.

21. I hereby certify that I attended the deceased from May 23, 1941, to June 2, 1941, that I last saw h[illegible] alive on May 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

4-6 f

Major findings:
Of operations Carcinoma of Liver
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 [illegible] (M.D. or other) 0

Address Smithville Mo Date signed 6/4/41

(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 C. M. Jones

Licensed Embalmer No. 3453

P. O. Address Yellow Th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.