

No. 2  
4-13-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21691

State File No. ....

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **483**

1. PLACE OF DEATH **GREENE**

(a) County **Springfield**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Burge Hosp. ( )**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Weeks**  
(Specify whether years, months or days)

In this community **41 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 39**

(c) City or town **Springfield 2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **420 W. Chestnut 6**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Lozem Hopkins Robertson**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **491-05-4033**

4. Sex **Male ( )** 5. Color or race **White**

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

6. (b) Name of husband or wife **Ona M. Robertson**

6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **Jan 18 1900**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**41 4 23** hr. min.

9. Birthplace **Shelbert Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Egg Tester**

11. Industry or business **Producers Produce Co.**

12. Name **Walter T. Robertson**

13. Birthplace **Unknown Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Edith Snider**

15. Birthplace **Unknown Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ona M. Robertson**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **June 15 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **H. H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **6-15-41** (b) **W. E. Haudley MD**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11** year **1941** hour **1** minute **45 p. M.**

21. I hereby certify that I attended the deceased from **July 27** 19**41** to **July 11** 19**41**; that I last saw him alive on **June 11** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **toxication and hyperplastic lymph glands in mesentery 9 mo.**

Due to **amebiasis, lower ileum localized impaction with cyst perforating wall of ileum.**

Other conditions **AMEBIASIS - focal lower ileum**

(Include pregnancy within 3 months of death)

Major findings: **Local impaction (cyst) stomach histiocytes - area resected. Hyperplastic mesenteric glands resect. Local amebic impaction.**

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 \_\_\_\_\_

23. Signature **W. E. Haudley MD** (M. D. or other) \_\_\_\_\_  
Address **Springfield Mo.** Date signed **6/13/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2. H

**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 *Walter E Hamilton*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.**

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