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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32308

Registration District No. 704 Primary Registration District No. 593 Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: West Looney Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Lifetime! years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 084

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

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

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

If yes name country

3. (a) PRINT FULL NAME William A. Robertson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Josie McKnight.

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

7. Birth date of deceased June (Month) 20 (Day) 1866 (Year)

8. AGE: Years 75 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Near Marrisville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation farmer Retired

11. Industry or business General farming.

FATHER
12. Name Benjamin F. Robertson
13. Birthplace ✓ (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Mary E. Gregg
15. Birthplace ✓ (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Cora A. Robertson

(b) Address Marrisville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-26-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oakville Cemetery

18. (a) Signature of funeral director Geneva Bonn

(b) Address Walnut Grove Mo

19. (a) Sept. 2 (Date received local registrar) (b) 41 Mrs. H. J. Harrell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1941 hour 12 minute 20 a.M.

21. I hereby certify that I attended the deceased from Aug 20 1941 to Aug 29 1941 that I last saw him alive on Aug 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic kidney

Due to

Due to

Other conditions Hypertrophy of Prostate. (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 31 a

Duration

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 H J Harrell (M. D. or other)

Address Marrisville Mo Date signed 9/2-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-41-1760
Date Filed 10-10-41

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 Bernard F Wright, Registered Apprentice No. 299 working under my personal supervision.

Signed Gene a Brinn

Licensed Embalmer No. 7464

P. O. Address Walnut Grove, Mo.

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

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