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X23159

DEC 23 1941 *235*

Primary Registration District No. *3034*

Registrar's No. *237*

1. PLACE OF DEATH:

(a) County *Randolph*  
(b) City or town *Moberly Mo*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
*Wabash Hospital*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution *7 days*  
(Specify whether  
In this community *60 yrs*  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Randolph*  
(c) City or town *Moberly*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *115 W. Reed*  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *26<sup>th</sup>*  
year *1941* hour *12* minute *55* a.m.

21. I hereby certify that I attended the deceased from *Nov 17*  
*1941*, to *Nov 26<sup>th</sup>* *1941*;  
that I last saw him alive on *Nov 26<sup>th</sup>* *1941*;  
and that death occurred on the date and hour stated above.

Immediate cause of death *Hypostatic PNEUMONIA*

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions *FRACTURE OF*  
(Include pregnancy within 3 months of death)  
*Right Hip.*

Major findings:  
Of operations \_\_\_\_\_

Of autopsy *Not done*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *Accident*  
(b) Date of occurrence *Nov 17, 1941* *127*  
(c) Where did injury occur? *Moberly Randolph Mo.*  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
*ON Street.*

While at work? *No* (Specify type of place)  
(c) Means of injury *Fall*

23. Signature *J. G. Murphy* (M. D. or other) *M.D.*  
Address *Wabash Hospital, Moberly Mo* signed *Nov 27, 1941*

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

3. (a) PRINT FULL NAME *Frank J. 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 *Widowed*

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased *Aug 27<sup>th</sup>* *1853*  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
*88* *2* *29* hr. min.

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

10. Usual occupation *Retired Engineer*

11. Industry or business *Wabash R.R.*

12. Name *Wilson Robertson*

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

14. Maiden name *Elizabeth Humack*

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

16. (a) Informant *Harry Robertson*

(b) Address *Moberly Mo*

17. (a) *Burial* (b) Date thereof *Nov 27<sup>th</sup> 1941*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Moberly Mo*

18. (a) Signature of funeral director *Mahon and Son*

(b) Address *Moberly Mo*

19. (a) *11/27/41* (b) *Frank J. Robertson*  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-41-2208

Date Filed DEC 18 1941

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

*Frank D. DeWitt*

Licensed Embalmer No. 3121

P. O. Address

*Moherly 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.