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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1942

Registration District No. 687

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5806

State File No. 42524

Registrar's No. 1

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

12
0
0

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville R. Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 year.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural 12
(If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME Will ~~Robinson~~ 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 9

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 (Month) 4 (Day) 1880 (Year)

8. AGE: Years 61 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Lake County (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Allen Robertson
(b) Address Tenn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Newbern Tenn.

18. (a) Signature of funeral director Holdman Funeral Home
(b) Address Newbern Tenn

19. (a) Jan 7-1942 (Date received local registrar) (b) ~~Noel Dean~~ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1942 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death no medical attention - from record - Cardiac Failure acute

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93a

Of autopsy

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 L. A. Richards Jr. Coroner (M. D. or other)
Address New Madrid Mo. Date signed 1-7-42

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1942

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 Noel C. Dunn

Licensed Embalmer No. 3941

P. O. Address Portageville

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.