S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6763

FILED MAR 9 1942 355

Registration District No. 355

Primary Registration District No. 5497

Registrar's No.

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Davis Twp Ladue, Mo
(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: 20 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Henry
(c) City or town: Ladue 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: Robt Hugh Robertson
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Margaret
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: 7 (Month) – 17 (Day) – 1867 (Year)
8. AGE: Years 74 Months 6 Days 17 If less than one day hr. min.
9. Birthplace: Arlington (City, town, or county) Wisc (State or foreign country)
10. Usual occupation: Stockman
11. Industry or business: —
FATHER
12. Name: William Robertson
13. Birthplace: Scotland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Juliette Marr
15. Birthplace: Scotland (City, town, or county) (State or foreign country)
16. (a) Informant: Margaret Robertson
(b) Address: Ladue, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bear Creek
18. (a) Signature of funeral director: Ted Wilkinson
(b) Address: Clinton Mo
19. (a) Feb. 9-1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) G.K.

1067

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9 year 42 hour 6 minute 05 AM/PM
21. I hereby certify that I attended the deceased from September 1941 to Feb 9 1942 that I last saw him alive on Jan 16 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	Unknown
Due to: Generalized arteriosclerosis	unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus	Unknown

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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: 0
23. Signature: S B Hughes (M. D. or other) MD
Address: Clinton, Mo. Date signed 2/9/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 3-42-177
Date Filed 3-4-42

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton Ma

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.