V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 479

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6950

Primary Registration District No. 2002

Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(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 ..... In this community: 28 years; (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin Mo; 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 2226 Picher Ave; 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Thomas B. 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: widower
6. (b) Name of husband or wife: Lizzie Robertson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June 14, 1862 (Month) (Day) (Year)

8. AGE: Years 79 | Months 7 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Mississippi (City, town, or county) / (State or foreign country)
10. Usual occupation: retired engineer, civil
11. Industry or business:
FATHER 12. Name: John Robertson
FATHER 13. Birthplace: No record (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name: Rhoda Ellis
MOTHER 15. Birthplace: no record (City, town, or county) / (State or foreign country)
16. (a) Informant: Mrs Harry Johnson
(b) Address: 2226 Picher Ave; Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial Park;
18. (a) Signature of funeral director: Hublbut Und. Co;
(b) Address: Joplin Mo;
19. (a) 2-10-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 8, day 1942 year ..... hour 8-30 A.M. minute ..... M.
21. I hereby certify that I attended the deceased from Jan 23, 1942 to Feb 8, 1942 that I last saw him alive on Feb 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Auricular-Fibrillation — Duration: ?
Due to: Chronic Myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: No 95a
Of autopsy: No.

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? No (e) Means of injury:
23. Signature: [illegible] (M.D. or other)
Address: [illegible] Date signed: 2-10-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-2-182

## 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.....

Licensed Embalmer No. 959

P. O. Address.....

**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.**