

FILED JUN 18 1942

Registration District No. 334

Primary Registration District No. 5467

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Clarence Carlyle Robertson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15
year 1942 hour 5 minute 30 P.M.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 15 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1942
19____ to May 15 1942 19____

that I last saw him alive on May 15 1942
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____
If less than one day 14 hr. _____ min.

Immediate cause of death Atelectasis

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 161a

10. Usual occupation _____

MOTHER FATHER

11. Industry or business _____

12. Name Clarence William Robertson

13. Birthplace Albany Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Carol Gwendolyn Goodwin

15. Birthplace Ridgeway Missouri
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence Wm. Robertson

(b) Address Bethany, Missouri

17. (a) Burial (b) Date thereof 5-16-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Ridgeway, Mo.

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? _____

18. (a) Signature of funeral director J. H. Hase

(b) Address Bethany, Mo.

19. (a) May 19 42 (b) Zola B. Burris
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature G. M. Pickett (M.D. or other) PO

Address Bethany Mo Date signed 5/19/42

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

4100

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.....

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.