

FILED SEP 21 1942

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan
(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)

In this community Passing through. (Specify whether years, months or days)

3. (a) PRINT FULL NAME HARRY WALTER ROBERTSON

3. (b) If veteran, name war Yes.

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 14, 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>9</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Mechanic

11. Industry or business Oil

12. Name Walter Lee Robertson

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

14. Maiden name Edith Snider

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

16. (a) Informant Herman Lohmeyer

(b) Address Springfield, Missouri.

17. (a) Removed & Buried (Burial, cremation, or removal)

(b) Date thereof Aug. 23, 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. P. Stoffer

(b) Address Sullivan, Missouri.

19. (a) Aug. 22-42 (Date received local registrar)

(b) William Sullivan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1942 hour 6:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Died on Greyhound Bus as he was on his way home.

Due to Coronary Thrombosis.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 942

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 3 Corner

23. Signature Gerald L. Ottman

Address Gerald, Missouri Date signed 8-21-42

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

36
4
0

10P

1121

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.....

Edgar W. Laffoon

Licensed Embalmer No..... *3394*

P. O. Address..... *Sullivan, Mo*

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.