

FILED DEC 12 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 374

Primary Registration District No. 4549

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Atterdale mo
(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 none
(Specify whether years, months or days) 61 yrs

3. (a) PRINT FULL NAME ELIZABETH BELLE ROBERTSON

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Robertson 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased Sept 9 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Fairbury (City, town, or county) Ill (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

12. Name John Case
13. Birthplace Maryland (State or foreign country)
14. Maiden name Elizabeth Deerpample
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. J. Casey
(b) Address 6429 N. Campbell Ave Chicago, Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 23 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Atterdale mo Cem

18. (a) Signature of funeral director Frank Brown
(b) Address Sevier mo

19. (a) 11-23-42 (b) Arlene Seaden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Worth
(c) City or town Atterdale mo
(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. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 4 1942 to Nov-20 1942
that I last saw him alive on Nov-19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
bed rest

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 5 months of death)

Major findings: ✓
Of operations

Of autopsy ✓

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 11-20-42
(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) (r) Means of injury ✓

23. Signature S. J. Pass (M. D. or other) 0
Address Atterdale mo Date signed Nov 20 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.....

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.