

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2919
339

State File No. _____

Registrar's No. 51

FILED JAN 18 1943
Registration District No. 247

Primary Registration District No. 4326

1. PLACE OF DEATH:
 (a) County Meriwether
 (b) City or town Granby
 (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 35 years years, months or days)

3. (a) PRINT FULL NAME Mollie Mary ROBERTSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife J. H. Robertson 6. (c) Age of husband or wife 73 years
 7. Birth date of deceased 3 31 1877
 (Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____
 MOTHER FATHER { 12. Name Not known
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature J. H. Robertson
 (b) Address Granby, Mo
 17. (a) Burial (Burial, cremation, or other) (b) Date thereof 3 3 1943 (Month) (Day) (Year)
 (c) Place: burial or cremation Granby, Mo
 18. (a) Signature of funeral director James Taberna
 (b) Address Granby, Mo
 19. (a) Jan 4 1943 (Date received local registrar) (b) John Robinson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Meriwether 73
 (c) City or town Granby (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1 1943
 year 1943 hour 11 minute 30 M.
 21. I hereby certify that I attended the deceased from July 8, 1942, to Jan 1, 1943
 that I last saw h. e. r. alive on Jan 1, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Chronic cardi
 Duration 2 days
 Due to Chronic Cardiac renal hypertensive disease. 2 yr.
 Due to _____

Other conditions Paresis Agitans 1 yr.
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy 131a
 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 A
 23. Signature Charles D. Christy (M.D. or other) DO.
 Address Granby, Mo Date signed 1/2/43

Date Received JAN 11 1943
File No. 1242-8

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.....

James Futman....., Registered Apprentice No.....
working under my personal supervision.

Signed James Futman.....

Licensed Embalmer No. 1917.....

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, above space should be left blank.