

REG. MAR 12 1943 56

Primary Registration District No. 2001

Registrar's No. 1184

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Jasper
 Name of hospital or institution:
 1302 E. 4th St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Robertson
 3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married 2 divorced ~~Married~~
 6. (b) Name of husband or wife Samuel A. Robertson, Dad alive 1912 years
 7. Birth date of deceased Sept 7 - 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Mc Donald Co. Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation House work

11. Industry or business
 12. Name Alexander Culp
 13. Birthplace North Carolina (City, town, or county) (State or foreign country)
 14. Maiden name Betty Hodge
 15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James A. Covert
 (b) Address 1815 Michigan
 17. (a) Burial (b) Date thereof 2-25-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Oark Memorial

18. (a) Signature of funeral director Sherman Dillon
 (b) Address 424 N. Wall St.
 19. (a) 2-24-43 (Date received local registrar) (b) Detmund Sudholtz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Jasper
 (d) Street No. 1302 E. 4th St. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 23rd year 1943 hour 5 minute 15 a.m.
 21. I hereby certify that I attended the deceased from January 15, 1940, 19... to Feb 23, 1943; that I last saw her alive on Feb 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis fibulation
 Duration: 2 yrs
 Due to: ...
 Due to: ...
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations: ...
 Of autopsy: ...

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 ...
 23. Signature M. Gray (M. D. number) ...
 Address 3187 S. Schifferdecker Date signed 2-23-43
 Joplin Mo. 9

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

MOTHER FATHER

43-2-212

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.....

Don Tetrick

Licensed Embalmer No.....

4008

P. O. Address.....

Joplin, 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.