No. 2
9-4-41
5-17-39
FILED MAY 6 1943
I - X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15518

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 965

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. (Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 102

(a) State Missouri (b) County Shelby 1
(c) City or town Clarence 0
(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 /

3. (a) PRINT FULL NAME ROBERTSON, John M.

3. (b) If veteran, name war World War #1
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased October (Month) 1 (Day) 1889 (Year)

8. AGE: Years 53 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Ewing (City, town, or county) Kentucky (State or foreign country) /
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Bruce Robertson
13. Birthplace Kentucky (City, town, or county) Kentucky (State or foreign country) /

MOTHER
14. Maiden name Mary Pyles
15. Birthplace (City, town, or county) Kentucky (State or foreign country) /

16. (a) Informant Government Records,
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.
17. (a) (Burial, ~~cremation or removal~~) (b) Date thereof 4-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Shelby Co., Mo.
18. (a) Signature of funeral director C W Musgrove
(b) Address Bethel, Mo.
19. (a) APR 23 1943 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 9:30 minute P M.
21. I hereby certify that I attended the deceased from ~~4/7~~ 4/7, 1943 to 4/21, 1943
that I last saw him alive on 4/21, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive & Coronary arteriosclerotic Heart disease, myocardial damage, myocardial insufficiency & anginal syndrome	5 months
Due to Nephritis, chronic with Nitrogen retention	"
Due to Hypertention, Arterial & Syphilis, Tertiary	Unknown
Other conditions Arteriosclerosis, General (Include pregnancy within 3 months of death)	"

Major findings:
Of operations No
Of autopsy No

131a

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? (Specify type of place)
While at work? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed

707

(Licensed Embalmer's Statement on Reverse Side)

JUN 25 1943

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.....

Self, Registered Apprentice No.....

working under my personal supervision.

Signed C. W. Mingrove

Licensed Embalmer No. 2719

P. O. Address Bethel, 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.