

FILED SEP 2 1943

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County COOPER
 (b) City or town BOONVILLE MO.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ALEX VAN RAVENWARY HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWARD 45
 (c) City or town NEW FRANKLIN 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ROBERT MARSHALL ROBERTSON

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

4. Sex MALE 5. Color or Grace WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife SOPHIA M. ROBERTSON 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased FEB 25 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 1
 If less than one day hr. _____ min. _____

9. Birthplace MORGAN CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____
 12. Name WILLIAM ROBERTSON
 13. Birthplace Not known 9
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvanus Robertson
 (b) Address New Franklin Mo.
 17. (a) Removal (b) Date thereof 8/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clears Chapel
 18. (a) Signature of funeral director C. S. Munson
 (b) Address New Franklin Mo.
 19. (a) Aug. 30-43 (b) Dr. Chas. Swap.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
 year 1943 hour 70 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Aug 20
1943 to Aug 26, 1943
 that I last saw him alive on Aug 26, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic hyperplasia with retention of urine and uremia
 Due to ad. prostatic hyperplasia and uremia
 Due to (Immediate cause of death: uremia)
 Other conditions (Include pregnancy within 3 months of death)

Duration for several years
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings: no equalities performed none
 Of operations _____
 Of autopsy _____

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 Alex Robertson (M. D. or other) _____
 Address Boonville Mo Date signed _____

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

9-1-43

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 _____

C. J. McLean

Licensed Embalmer No. _____

3576

P. O. Address _____

New Franklin

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.