S. No. 2
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24

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. F 31460

FILED OCT 7 1943

Registration District No. 1943 Primary Registration District No. 3012 Registrar's No. 339

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Hosp O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL") 1

(d) Street No. 706 Park (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Joseph Wiley Robertson

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Essie

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug (Month) 28 (Day) 1881 (Year)

8. AGE: Years 62 Months 0 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Sheridan Co (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Merchant.

11. Industry or business

FATHER
12. Name W. E. Robertson
13. Birthplace ~~Sheridan~~ Co (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Willie Rucker
15. Birthplace (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Essie Robertson

(b) Address Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs Mo.

19. (a) 9-28-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

1160

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1943 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 26, 1942, to Sept. 26, 1943, that I last saw him alive on That day Sept. 26, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	1½ hrs.
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94A

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. C. Robertson (M. D. or other) MD

Address Excelsior Springs, Mo Date signed 9/27/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-7-43

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Excelsior Springs 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.