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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32696

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 187

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

1. PLACE OF DEATH:

(a) County SALINE

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

(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SALINE 097

(c) City or town SHACKelford
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME George Wm. Robertson

3. (b) If veteran, name war World WAR

3. (c) Social Security No. ✓

4. Sex MALE 0

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased April (Month) 10 (Day) 1891 (Year)

8. AGE: Years 52 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Waverly (City, town, or county) Mo (State or foreign country)

10. Usual occupation Labor

11. Industry or business .....

FATHER
12. Name John Robertson
13. Birthplace ..... (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Annie Marie Brougton
15. Birthplace ..... (City, town, or county) Ky (State or foreign country)

16. (a) Informant Shelly Robertson
(b) Address SHACKelford Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept (Month) 17 (Day) 1943 (Year)
(c) Place: burial or cremation Waverly Mo

18. (a) Signature of funeral director Don SHORT
(b) Address MARSHALL Mo

19. (a) 9/17/43 (Date received local registrar) (b) Mrs T.O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 11, 1943, to Sept 14, 1943, that I last saw him alive on Sept 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions Chronic Interstitial Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131a
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. Macy (M. D. or other)

Address Marshall Mo Date signed 9/17/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number
Filed 10-8-43

OCT 11 1943

AUG 10 1944

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.