

FILED DEC 11 1943
Registration District No. 17

Primary Registration District No. 5412

State File No. _____
Registrar's No. 78

1. PLACE OF DEATH:

(a) County Douglas

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME John Robertson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Grace Griffith Robertson

6. (c) Age of husband or wife if alive Not known years

7. Birth date of deceased May 12 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	18	br. min.

9. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER

12. Name Floyd Robertson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Linda Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. B. Anderson

(b) Address Route 4, Ava, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-31-43
(Month) (Day) (Year)

(c) Place: burial or cremation Fannon

18. (a) Signature of funeral director Friends

(b) Address Ava, Missouri

19. (a) 12-1-1943 (Date received local registrar)

(b) Mrs. J. R. Spaulock (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

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

(d) Street No. Route 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1943 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Due to old age and rundown condition

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 162 ft

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 E. V. Chickenshead 3 CORONER
(M.D. or other) _____
Address Ava Mo Date signed 10-31-43

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

RECEIVED

District Health Officer No. 6;

District File Number 1243-1341

Date Filed 12-8-43

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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Oran, 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.