

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38

Registrar's No. 619

Registration District No. 2001

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 7 years

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper

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

(d) Street No. 35 Inger
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marilyn W. Robertson

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife H. M. Robertson 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Dec. 22nd, 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>10</u>	<u>12</u>	hr. min.

9. Birthplace Ft. Scott, Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Joseph B. Wilhelmson

{ 13. Birthplace Red cloud, Neb.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Aurora Prosser

{ 15. Birthplace Nevada, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph B. Wilhelmson

(b) Address 219 S. Adams, Nevada, Mo.

17. (a) Burial (b) Date thereof 11-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton B. Park

18. (a) Signature of funeral director Marsh Exchange

(b) Address Nevada, Mo.

19. (a) 11-6-43 (b) Justus Dushoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
year 43 hour 1 minute 30 p.m.

21. I hereby certify that I attended the deceased from 11-3
1942 to 11-8, 1942;

that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilata
Feb 1942 Duration 2 hours

Due to Film uterus Operated

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 9504
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 Justus Dushoff (M. D. or other) no

Address Joplin Mo Date signed 11-4-43

43-11-970

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 *Marsh Seehinger*

Licensed Embalmer No. *2656*

P. O. Address *Nevada, 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.