

Registration District No. 13

Primary Registration District No. 5459

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Base Dars Rural R1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Center Township  
(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 Missouri (b) County Greene  
(c) City or town Base Dars, Mo Rural R1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Center Township  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marion Anthony Robertson

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Martha Carter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March - 7 - 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business General Drains & Excavation

12. Name John Wesley Robertson

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

14. Maiden name unknown

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

16. (a) Informant J.W. Robertson

(b) Address Base Dars Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-2-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Jewel Williams

(b) Address Wabash Grove Mo

19. (a) Dec - 31 - 1943 (b) Jewell Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30  
year 1943 hour 8 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 12-29-1943 to 12-29-1943  
that I last saw him alive on 12-29-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 5 d

Due to Chronic Pancreatitis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy None

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) No  
(b) Date of occurrence No  
(c) Where did injury occur? No  
(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 D. F. Hinkle (M. D. or other) \_\_\_\_\_  
Address Base Dars, Mo Date signed 12/31/43

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

MOTHER FATHER

**RECEIVED**

Greene County Health Office,

County File No. 44-1-3

Date Filed 1-10-44

---

---

**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 J. W. Birch

Licensed Embalmer No. 3856

P. O. Address ash Grove 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.**