

FILED JAN 25 1944

Registration District No. 14

Primary Registration District No. 1000

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph

(c) Name of hospital or institution: State Hosp. N 2 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mths 6 days
(Specify whether years, months or days)

In this community 10 mths 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Worth

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 1

3. (a) PRINT FULL NAME: JOHN L. ROBERTSON

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

4. Sex: Male 5. Color of race: white

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased: Oct. 16 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation: School Teachers Bank Clerk

11. Industry or business.

12. Name: Austin B. Robertson

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

14. Maiden name: Anna B. Wood

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

16. (a) Informant: Mrs. G. Robertson (son)

(b) Address: 130 West Highland St. Decatur Ga

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-15-44
(Month) (Day) (Year)

(c) Place: burial or cremation: Allendale Mo

18. (a) Signature of funeral director: B. J. ...

(b) Address: 224 So 10th St. St. Joseph Mo

19. (a) 1-15-44 (b) Roe ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 3rd 1944 to Jan 14th 1944
that I last saw him alive on Jan 14th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Duration 5 days

Due to: Influenza

Due to: Senile Deterioration

Other conditions: (Include pregnancy within 3 months of death) 33a

Major findings: Of operations: 33a

Of autopsy.

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: C. G. ...
Address: State Hospital St. Joseph Mo Date signed: 1/14/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Law Clark*
Licensed Embalmer No. *216*
P. O. Address *St Joseph*

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.