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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2839

Registration District No. 128

Primary Registration District No. 6 5466

Registrar's No. 779A

1. PLACE OF DEATH:

(a) County Greene County

(b) City or town Rural, N S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: Hospital or institution (Specify whether In this community Hospital 10 hr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Taney 106

(c) City or town Taneyville Mo
(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 1

3. (a) PRINT FULL NAME L 1331E A CHORN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased Nov. 30 (Month) (Day) 1873 (Year)

8. AGE: Years 69 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Home Wife

11. Industry or business

FATHER
12. Name Bill Robertson
13. Birthplace Unknown (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Mary C. Atkinson
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Willis Robertson
(b) Address Kissee Mills Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Patterson Cemetery

18. (a) Signature of funeral director Harry Forsyth
(b) Address Forsyth Missouri

19. (a) 12-8-43 (Date received local registrar) (b) D. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1943 hour 4:50 minute P M.

21. I hereby certify that I attended the deceased from at time of death, 19 , to , 19 , that I last saw her alive on Sept. 19 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CONGESTION OF BRAIN	12 hrs
Due to BRAIN CONCUSSION	12 hrs
Due to Non-Collision	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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) Accident 106

(b) Date of occurrence Sept 19, 1943

(c) Where did injury occur? Taneyville (City or town) Taney (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Road in front of farm (Specify type of place)

While at work? No (e) Means of injury Car Bail over her

23. Signature Guil E. Roberts D.O. (M. D. or other) P.O.

Address Branson, Mo Date signed 9/20/43

984

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
... of Health Officer No. 6
District File Number
Date Filed

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 not Embalmed, Registered Apprentice No. working under my personal supervision.

Signed [illegible] Forsyth Funeral Hon

Licensed Embalmer No. 2277 [illegible]

P. O. Address Forsyth Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.