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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 7 1944
245
Registration District No.

Primary Registration District No. 5843

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural, Five miles

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community 50 yrs.

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural 0

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

(d) Street No. R.F.D. #1

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME JAMES L. ROBERTSON

3. (b) If veteran, name war: _____

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 Mary E. Robertson

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

7. Birth date of deceased Sept. 8 - 1860

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 7 29 hr. min.

9. Birthplace White Co. Arkansas

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William H.

13. Birthplace Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Sophronia Harrison

15. Birthplace Penn.

(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Robertson

(b) Address Seneca Mo. R. 1.

17. (a) Burial (b) Date thereof 6-9-44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cemetery

18. (a) Signature of funeral director Bill Buzzard

(b) Address Seneca Mo.

19. (a) May 31 - 44 (b) Mrs. Nettie Norris

(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7

year 1944 hour 12 noon minute 0

21. I hereby certify that I attended the deceased from May 7

1944, to May 7, 1944

that I last saw him alive on May 7, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to _____

Due to _____

Other conditions 948

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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 0

23. Signature J.P. Dremmel (M. D. or other)

Address Seneca Mo. Date signed 5-8-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

23
0
0

1382

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

6/6/44

District Health Officer No. ~~XXXXXXXXXX~~

District File Number 644-111

Date Filed 6/6/44

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 W. T. Buzzard
Licensed Embalmer No. 2334
P. O. Address Seneca 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.