

FILED JUN 22 1944
Registration District No. _____

Primary Registration District No. 5635

Registrar's No. _____

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

5300

1. PLACE OF DEATH:
 (a) County LACLEDE
 (b) City or town RURAL, UNION TWP
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
PHILLIPSBURG MO
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 38 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County LACLEDE **5300**
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. PHILLIPSBURG
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARGARET JANE ROBERTSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 9TH
 year 1944 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 5-4, 1944, to 5-10, 1944
 that I last saw her alive on 5-7, 1944
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LAFAYETTE ROBERTSON 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased JAN 17 1876
(Month) (Day) (Year)

Immediate cause of death Myocarditis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 5 months of death)

8. AGE: Years 68 Months 3 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace DALAS CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE
11. Industry or business
MOTHER FATHER
 { 12. Name JAMES METCALF
 { 13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace MARGARET REED Ohio
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant L. Robertson
 (b) Address PHILLIPSBURG MO
 17. (a) BURIAL (b) Date thereof 5-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ZION CEM
 18. (a) Signature of funeral director PALMER'S
 (b) Address LEADERS MO
 19. (a) June 5-44 (b) Grace Popew
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. W. Lindsay (M. D. or other) MD
 Address Canaway Date signed 5-13-44

1096

Received
Laclede County Health Unit

File No. 5-44-66

Date Filed 6/21/44

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 *Allyn DeTherage*

Licensed Embalmer No. 4333

P. O. Address *Lebanon 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.