

FILED OCT 11 1944

Registration District No. 138

Primary Registration District No. 5526

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Breston, Va
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43
(c) City or town Breston 13
(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 _____ 17

3. (a) PRINT FULL NAME Mary Lenore Robertson
(b) If veteran, name war WW (c) Social Security No. 7W

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1944 hour 111 minute 45 P. M.
21. I hereby certify that I attended the deceased from June 4
1943 to August 5, 1944;
that I last saw her alive on Aug 5, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased: 6-16-1868
(Month) (Day) (Year)

Immediate cause of death: Uremic poisoning 4 days

8. AGE: Years 76 Months 1 Days 20 If less than one day hr. _____ min. _____

Due to Cardiovascular and 4 year atherosclerosis
Due to Senility

9. Birthplace Breston, Va (City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: _____ Of operations _____ Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
12. Name Leid Bandel &
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Louise Brockmeyer
15. Birthplace Germany (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Margie Lou Robertson
(b) Address Breston, Va
17. (a) Burial (b) Date thereof 8-8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bayong Chapel

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature C. D. Bailey (M. D. or other) Do
Address 1 Hermitage, Dws Date signed Aug 15-44

18. (a) Signature of funeral director Elbert Hathaway
(b) Address Whittard, Va
19. (a) Sept 9-1944 (b) Mary Carlstrom
(Date received local residence) (Registrar's signature)

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

4300

APR 15 1955

RECEIVED

District Health Officer No. 7,

District File Number 9-44-1144

Date Filed 10-10-54

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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.