

FILED NOV 28 1944

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 116

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sales Memorial 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Granby 1
(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 no.

3. (a) PRINT FULL NAME John Harrison Robertson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 8
year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from November 6,
1944 to November 8, 1944, 19...;
that I last saw him alive on November 8, 1944
and that death occurred on the date and hour stated above.

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years (Day) (Year)

7. Birth date of deceased September 4 1870
(Month) (Day) (Year)

Immediate cause of death Cerebral Memorr hage
Duration Unknown

Due to Arterio sclerosis and chr. interstitial nephritis.

Due to

Other conditions (Include pregnancy within 3 months of death) 131a

8. AGE: Years Months Days If less than one day
74 2 4 hr. min.

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

10. Usual occupation Retired cobbler

11. Industry or business

MOTHER FATHER { 12. Name J. A. Robertson

13. Birthplace unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Stinchester

15. Birthplace unknown 7
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Wallace A. Robertson

(b) Address Burton, Kansas

17. (a) Burial (b) Date thereof 11-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) 11-16-1944 (b) Conley Thompson
(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?

(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 no.

23. Signature Melvin A. Bourman (M. D. or other) M.D.
Address 113 W. Hickory, Neosho, Mo. Date signed 11-16-

DEC 18 1944

RECEIVED NOV 21 1944
District Health Officer No. _____
District File Number 1044-234
Date Filed NOV 21 1944

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: Margaret Culver
Licensed Embalmer No. 4389
P. O. Address Cassville

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.