

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
213 W. North Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 213 West North, St.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME ELIZABETH JANE ROBERTSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife H. Robertson 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased January 17 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 17 hr. min.

9. Birthplace Adams County, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation retired housekeeper

11. Industry or business at home

12. Name Huse Warden
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Martha Huddleston
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ode Hamilton
(b) Address Warrensburg, Missouri.
17. (a) burial (b) Date thereof 1/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) Jan 15 1945 (b) deale M Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month January day 4
year 1945 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 29
1944, to Jan 4 1945;
that I last saw her alive on Jan 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 20 min.
Due to Hypertension; heart disease 5 years

Due to Smoking

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93h
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 _____

23. Signature [Signature] (M. D. or other) _____
Address Warrensburg Mo Date signed 1-13-40

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

51 222

51 222

1001

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..... *M. G. Carrigan*.....
Licensed Embalmer No. *3434*.....
P. O. Address *Falstein, 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.