

S. No. 2
M-8-43
7-5-17-35
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1945

Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County Livingston County
(b) City or town Chillicothe, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1125 Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Years (Specify whether
In this community 18 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1125 Washington St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Norma Jean Robertson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: May 25 1926
(Month) (Day) (Year)

8. AGE: Years 18 Months 7 Days 9 If less than one day - hr. - min.

9. Birthplace Livingston County No
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business -

12. Name Ralph G. Robertson

13. Birthplace Livingston County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Audrey I. Schwab

15. Birthplace Livingston County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Audrey I. Stewart

(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof Jan 6, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brassfield Cemetery

18. (a) Signature of funeral director Donald J. Jordan

(b) Address Chillicothe, Mo.

19. (a) Jan 6 (b) Lou Etha Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 45 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 10th
1944 to Jan 4, 1945
that I last saw her alive on Jan 3
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Epileptic
Chillicothe
Due to Brain tumor

Duration
week
8 yr
3 yrs

Due to Stroke

Other conditions g d
(Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy -

PHYSICIAN
-
Underline the cause to which death should be charged statistically.

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) Manner of injury -

23. Signature Jan 6 (Date)
Address Chillicothe Mo Date signed 1/6/45

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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 Ronald J. Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.