V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6644

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1hr (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL (b) County Adams
(c) City or town Quincy 997
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 1
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Curtis Robertson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 10. 1881 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days — If less than one day hr. min.

9. Birthplace Fall Creek (City, town, or county) ILL (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Robertson
13. Birthplace (City, town, or county) ILL (State or foreign country)
MOTHER
14. Maiden name Louisa Conners
15. Birthplace (City, town, or county) ILL (State or foreign country)
16. (a) Informant Lit Duncan
(b) Address Fall Creek Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenmount Quincy Ill
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 2-13-45 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th year 1945 hour - minute 11P M.
21. I hereby certify that I attended the deceased from — , 19 , to — , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Verdict of Jury Came to his Death by Struck by a Car or Cars, One Driven by G. A. Brown and The other by Parties unknown
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) Accident
(b) Date of occurrence Feb 10. 1945
(c) Where did injury occur? Mark Twain Memorial Mississippi River Bridge (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? no (e) Means of injury internal
23. Signature James O'Donnell (M. D. or other) Coroner Marion Co
Address Hannibal Mo Date signed 2/13/45

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3245

P. O. Address Hannibal 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.