

FILED APR 25 1945

Registration District No. ....

Primary Registration District No. 2000

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

1. PLACE OF DEATH: **GREENE**

(a) County.....

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

(c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Wishart  
(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.....

3. (a) PRINT FULL NAME Jubia A. Robertson

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

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Wesley Robertson 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased March 29, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 0 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business General House Keeping

12. Name William G. Ruble

13. Birthplace Polk County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Mitchell

15. Birthplace Polk County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. B. Hagan

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof April 8, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Camp Ground Cemetery

18. (a) Signature of funeral director Sam A. Brown

(b) Address Walnut Street, MO

19. (a) 4-7-1945 (b) S. W. Dandley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5<sup>th</sup> year 1945 hour 8:00 minute 7 P.M.

21. I hereby certify that I attended the deceased from ap 1, 1945, to ap 5, 1945; that I last saw him alive on ap 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of femur

Due to Traff

Other conditions Diabetic Mellitus  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1860's

Of autopsy 1860's

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence APR 4, 1945

(c) Where did injury occur? Wishart Polk Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature E. C. Roehery (M. D. or other)

Address Springfield Mo Date signed 4-7-1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *David B. Binn*

Licensed Embalmer No. *7664*

P. O. Address *Walnut Grove 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.**

*X*