S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28027

State File No.

FILED AUG 21 1945

Registration District No. 235 Primary Registration District No. 5817 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural (Mill Creek Twp.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town 2½ Mi. S.E. Syracuse, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Mill Creek Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME ESTHER ROBERTSON

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert Robertson

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Denver Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Wisdom
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rev Chas Nichols
(b) Address Syracuse, Missouri

17. (a) Burial (b) Date thereof 8-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Syracuse, Missouri

18. (a) Signature of funeral director Jennie E. Richards
(b) Address Lipton Mo

19. (a) 8-17-45 Opal Bowhare
(Date received local registrar) (Registrar's signature)

1348

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th.
year 1945 hour 7 minute 30 P 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.

	Duration
Immediate cause of death	
Due to Gun shot wound through the heart.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 166

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) Homicide
(b) Date of occurrence 8-14-45
(c) Where did injury occur? Morgan County Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm Home.
(Specify type of place)
While at work? (e) Means of injury County Common

23. Signature B L Medlins 2 (M. D. or other)
Address Versailles Mo. Date signed 8-14-45

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1945

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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton Neb

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.