S. No. 2
DM—2-43
v. 5-17-39
I X35597

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

State File No. 28028

FILED AUG 21 1945

Registration District No. 235 Primary Registration District No. 5817 Registrar's No. 6

71
0
0

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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Mill Creek Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ Mi. S.E. Syracuse, Mo 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME ROBERT- ROBERTSON
3. (b) If veteran, name war World War #1
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esther Robertson
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased: January, 23, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	6	21	hr. min.

9. Birthplace Morgan County, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Filling Station
11. Industry or business ##### Service Station
FATHER
12. Name Wm. Robertson
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Henerita McNeal
15. Birthplace Missouri 0
(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 James E. Richards
(b) Address Lipton Mo
19. (a) 8-17-45 (b) Opal Bowman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

Due to Gun Shot wound.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 64c

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) Suicide
(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
23. Signature B L Mechum County Coroner
(M. D. or other)
Address Versailles Mo. Date signed 8-14-45

1348

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1945

SEP 18 1945

OCT 1 3 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 Tipton 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.