S. No. 2
M—5-42
. 5-17-39
I X32873

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

37246

FILED DEC 13 1945

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 942

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 215 N. National
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 215 N. National Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roger Lee Robertson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June (Month) 19, (Day) 1945 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	4	27	hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Junk Robertson
13. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Betty Jean Malicot
15. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Betty Jean Robertson
(b) Address 215 N. National, Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Turner Station

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address 534 St. Louis Street, Springfield, Mo.

19. (a) 11-18-45 (Date received local registrar) (b) E. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16, year 1945 hour 9: minute 15 A.M.

21. I hereby certify that I attended the deceased from 11,14, 1945 to 11,16, 1945 that I last saw h alive on 11,16, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, lobar	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. D. Misick M.D. (M. D. or other)

Address Springfield, Mo. Date signed 11,17,45

(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 .....

NOT EMBALMED, Registered Apprentice No. .....,

working under my personal supervision.

Signed NOT EMBALMED

Licensed Embalmer No. .....

P. O. Address .....

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.