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 JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42703

State File No.

Registration District No. 357 Primary Registration District No. 6211 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Plato Roubidoux Tp

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107

(c) City or town Plato 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME IDA D. ROBERTSON

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 1 (Day) 1868 (Year)

8. AGE: Years 77 Months 10 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 4 (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 Bill Tilley

(b) Address Plato Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/45 (Month) (Day) (Year)

(c) Place: burial or cremation Lynch

18. (a) Signature of funeral director Gaylord O. Elliott

(b) Address Houston Mo

19. (a) Dec. 10-1945 (Date received local registrar) (b) Evan Pickett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6 year 45 hour 12 minute M.

21. I hereby certify that I attended the deceased from March 3, 1945, to Dec 6, 1945 that I last saw her alive on Dec 6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Cardiac Insufficiency

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3

Of autopsy 950

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)

(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 [illegible] C. Wetzel (M. D. or other) DO

Address Plato, Mo Date signed 12/7/45

1585

(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 Frank E. Mood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.