S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

16654

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17774

Registration District No. 294 Primary Registration District No. 3656 Registrar's No. 109

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 822 Franklin St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lorene Alice Robertson

3. (b) If veteran, name war ✓ 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 Russ Robertson 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) 12th (Day) 1919 (Year)

8. AGE:	Years	Months	Days	If less than one day
	27	3	3	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country)
10. Usual occupation At home
11. Industry or business .....

FATHER
12. Name William S. Hendren
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Odessa Duncan
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)

16. (a) Informant Russ Robertson
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Malaw and Son
(b) Address Moberly Mo
19. (a) May 14-46 (Date received local registrar) (b) Leah Melvin Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1946 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 5-14, 1946, to 5-14, 1946 that I last saw her alive on 5-14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute Endocarditis	2 ds
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 H. L. McCormick (M. D. or other)
Address Moberly Mo Date signed 5-16-46

264

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-46-1143
Date Filed JUN 6 1946

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 D. Dewitt

Licensed Embalmer No. 3021

P. O. Address Mobeely 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.