

FILED MAY 27 1946

Registration District No. 337

Primary Registration District No. 4495

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Shelby County.  
(b) City or town Bethel  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 10 yrs. (Specify whether years, months or days)  
In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Bethel  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Clift Robertson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W. 6. (a) ~~Single~~ widowed, married

6. (b) Name of husband or wife Ethel Robertson 6. (c) Age of husband or wife if alive 1875 years

7. Birth date of deceased: SEPT 9 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fleming Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Carpenter

MOTHER, FATHER { 12. Name William L. Robertson  
13. Birthplace not known Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Lidia Clift  
15. Birthplace not known Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Robertson

(b) Address Bethel, Mo.

17. (a) burial (b) Date thereof Mar 27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Prairie W. Missouri

18. (a) Signature of funeral director Bethel, Missouri

(b) Address \_\_\_\_\_

19. (a) April 18-46 (b) Ruth Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1946 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Mar 12, 1946 to Mar 26, 1946 that I last saw him alive on Mar 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach  
Primary

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Polypoid Carcinoma of liver  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy H&K

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature P. G. Beal (M. D. or other)  
Address Shelbyville, Mo. Date signed May 23-46

Duration

7

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

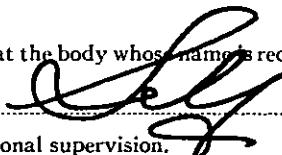
2

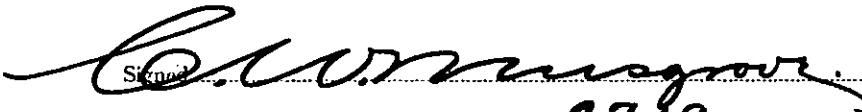
18000

RECEIVED  
District Health Officer No. 10  
District File Number 5-46-97470  
Date Filed MAY 23 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.....

  
....., Registered Apprentice No. ~~.....~~  
working under my personal supervision.

Signed 

Licensed Embalmer No. 279

P. O. Address Bethel Me.

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.