5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28035

FILED AUG 9 1946

Registration District No. 2 Primary Registration District No. 5971 Registrar's No. 45

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: County Home 5
(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 Mo. (b) County Polk 84

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

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

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Fannie Robertson

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

4. Sex female 1 | 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 Oct. (Month) 13 (Day) 1869 (Year)

8. AGE: Years 76 | Months 9 | Days 19 | If less than one day ..... hr. ..... min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Unk
13. Birthplace Unk (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country) 9

16. (a) Informant County Home records
(b) Address Bolivar, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Akard Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin
(b) Address Bolivar, Mo.

19. (a) Aug. 3. 1946 (Date received local registrar) (b) Ralph Gordon (Registrar's signature) Lyndwell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1946 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 31, 1946, to July 31, 1946; that I last saw her alive on July 31, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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 Walter W. Tillman Jr. (M. D. ~~or other~~) 0

Address Bolivar, Mo. Date signed Aug 2-46

22-8 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District
District File No. 7-46-802
Date Filed 8-7-46

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 Arnold Griffin

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.

S. No. 2B
M—3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 45

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Fannie Robertson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 13 (Month) (Day) 1869 (Year)

8. AGE: Years 76 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business Inmate of County Home

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Ralph Garden by [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec 1 year 1946 hour 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.

	Duration
Immediate cause of death	
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 (M. D. or other)

Address Date signed

28035