

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29696

State File No. _____

FILED SEP 18 1946
Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 303

1. PLACE OF DEATH:

(a) County: BUTLER

(b) City or town: RURAL POPLAR BLUFF TWP
(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 _____
In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

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

(d) Street No. M. W. POPLAR BLUFF
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS CHAS ROBERTSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 7
year 1946 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased: MAR. 20 1888
(Month) (Day) (Year)

Immediate cause of death: malnutrition Duration _____

Due to Carcinoma of Stomach - type unknown.

Due to _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>58</u> | <u>5</u> | <u>17</u> | hr. _____ min. _____ |

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

9. Birthplace ST GENEVIEVE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

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? _____

11. Industry or business _____

12. Name W. B. ROBERTSON

13. Birthplace ST GENEVIEVE CO MO
(City, town, or county) (State or foreign country)

14. Maiden name VICTORIA JANE NANNA

15. Birthplace ST GENEVIEVE CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Grace Hill

(b) Address: Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof: SEPT 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLACK CREEK Cem.

While at work _____ (Specify type of place)

(c) Means of injury _____

B. Signature Gardin O'Neenan (M. D. or other) _____

Address Poplar Bluff Mo Date signed 8 Sept 46

18. (a) Signature of funeral director: N.P. Phelps

(b) Address: Poplar Bluff Mo

19. (a) 9/9/46 (b) _____
(Deceptive local Registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 946-1119

Date Filed 9-16-46

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 N. J. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluffs 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.