

FILED NOV 22 1946

Registration District No. 240

Primary Registration District No. 5986

State File No.

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural (Tavern Township)
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Thomas Milton Robertson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy E. Robertson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 25, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 6 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Allen W. Robertson
13. Birthplace D. K.
(City, town, or county) (State or foreign country)
14. Maiden name Collins
15. Birthplace D. K.
(City, town, or county) (State or foreign country)

16. (a) Informant Wade Robertson
(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 11/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation - Antioch Cem.

18. (a) Signature of funeral director J. I. HOOPS & SONS
(b) Address Crocker, Mo.

19. (a) 11-21-46 (b) Louis B. McCintock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1946 hour 7.6 minute 0 P.A.M.

21. I hereby certify that I attended the deceased from Aug. 1945 to Oct 30 1946.
that I last saw him alive on Oct. 30 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure.
Rheumatic heart disease.
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 John A. G. [unclear] (M. D. or other) D.O.
Address Crocker, Mo. Date signed 11-1-46

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

36703

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 James B. Hoops

Licensed Embalmer No. 3261

P. O. Address Crocker 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.