S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18193

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau 68
(c) City or town: Tipton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Tira James Robertson
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Melvina Robertson
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: January (Month) 3rd (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	4	5	hr. min.

9. Birthplace: Moniteau County (City, town, or county), Mo (State or foreign country) 0
10. Usual occupation: Farmer & Groceryman
11. Industry or business: Retired

FATHER
12. Name: George W. Robertson 0
13. Birthplace: Moniteau County (City, town, or county), Mo. (State or foreign country)

MOTHER
14. Maiden name: Meremmia Stinson
15. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: Mrs. Grace Harrleson
(b) Address: Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Moriah Cemetery
18. (a) Signature of funeral director: James E. Richards
(b) Address: Tipton, Mo.
19. (a) 5-11-47 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature) 703

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1947 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from 11/25, 1940 to 5/6, 1947; that I last saw him alive on 5/6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Deficiency	
Due to Arteriosclerosis	
Due to senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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 0
23. Signature: J. F. Potts (M. D. or other)
Address: Tipton, Mo. Date signed 5/7/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-19-47

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 E. Richards

Licensed Embalmer No. 3466

P. O. Address Jupiter Inc

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.