

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24643**

Registration District No. **164**

Primary Registration District No. **3032**

Registrar's No. **81**

1. PLACE OF DEATH:

(a) County **Johnson**

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

(c) Name of hospital or institution:
323 Clark Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no** (Specify whether)

In this community **11 Yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** **51**

(c) City or town **Warrensburg** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **323 Clark Ave.** **2**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Adeline H Robertson**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ralph Robertson**

6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **Sept 5 1904**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	9	16	hr. min.

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

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Frank J. Henzlik** **6**

13. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

14. Maiden name **Francis Fisher**

15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph Robertson**

(b) Address **323 Clark Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7/23/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg Mo**

19. (a) **July 22 1947** (Date received local registrar) **Savannah** (Registrar's signature) **1947**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
year **1947** hour **10** minute **P** M.

21. I hereby certify that I attended the deceased from **7-21-47**
19____ to **7-21-47**, 19____
that I last saw her alive on **7-21-47**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **T. B. peritmitis** **?**
Duration **?**

Due to **Pulmo T. B.** **?**

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

Major findings: **1385**

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury **0**

Signature **R. F. McKinney, M.D.**

Address **Warrensburg Mo.** Date **7-22-47**

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

MOTHER FATHER

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..... *J. Earl Priest*
Licensed Embalmer No..... *3878*
P. O. Address..... *Warrensburg*

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.