

FILED SEP 10 1947

Registration District No. **29**

Primary Registration District No. **5992**

Registrar's No. **82**

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

1. PLACE OF DEATH:

(a) County **PUTNAM**
(b) City or town **RURAL LINCOLN 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 **LIFETIME** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **CARLEY J ROBERTSON**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **DIVORCED**

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

7. Birth date of deceased **MARCH 19 1878**
(Month) (Day) (Year)

8. AGE: Years **69** Months **4** Days **13** If less than one day hr. _____ min. _____

9. Birthplace **PUTNAM COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business **FARM**

12. Name **MARK ROBERTSON**

13. Birthplace **SULLIVAN CO. MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **VIRGINIA HILL**

15. Birthplace **PUTNAM CO. MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul S Robertson**

(b) Address **Unionville, Mo**

17. (a) **BURIAL** (b) Date thereof **AUGUST 6, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **UNIONVILLE CEMETERY**

18. (a) Signature of funeral director **CONSTOCK FUNERAL HOME**

(b) Address **UNIONVILLE MISSOURI**

19. (a) **8-31-47** (b) **Marcell Durbin**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **AUGUST** day **2**
year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **24** **Aug 29** 19**47** to **Aug 30** 19**47**
that I last saw him alive on **Aug 29** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **1 hour**

Due to **arteriosclerosis**

Due to **hypertension** 10 years

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

Major findings:
Of operations _____

Of autopsy **if 39**

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 _____

23. Signature **Chas L Spidd** (M. D. or other) **Do**

Address **Unionville Mo** Date signed **8-31-47**

RECEIVED
District Health Officer No. 10
District No. Number 9-47-1213
Date Filed SEP - 9 1947

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 W. Somatah
Licensed Embalmer No. 4197
P. O. Address Unionville, 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.