

No. 2  
-8-43  
5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34125

Registration District No. 107

Primary Registration District No. 4173

Registrar's No. 51

1. PLACE OF DEATH:  
 (a) County Douglas  
 (b) City or town Ava  
 (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 \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Douglas <sup>34</sup>  
 (c) City or town Ava <sup>1</sup>  
 (If outside city or town limits, write "RURAL") <sup>0</sup>  
 (d) Street No. \_\_\_\_\_ (If rural, give location) <sup>0</sup>  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME One of the Robertson Twin Sons  
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 7  
 year 1947 hour 6 minute 15 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 7, 1947  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 9 1947 to only Aug 17 1947;  
 that I last saw him alive on Aug 17 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Pneumonia Neph  
 Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u> hr. <u>0</u> min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Ava, Missouri (City, town, or county) (State or foreign country) 0  
 10. Usual occupation Infant

11. Industry or business \_\_\_\_\_  
 12. Name T. Paul Robertson  
 13. Birthplace Ava, Missouri (City, town, or county) (State or foreign country) 0  
 14. Maiden name Dotty Henley  
 15. Birthplace Leclead County, Missouri (City, town, or county) (State or foreign country) 0

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
159

16. (a) Informant \_\_\_\_\_  
 (b) Address Ava, Missouri  
 17. (a) Burial (b) Date thereof 8-9-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fannen

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? \_\_\_\_\_

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
 (b) Address Ava, Missouri  
 19. (a) Sept 13-47 (b) Vestal Bushman  
 (Date received local registrar) (Registrar's signature) 571

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0  
 23. Signature J. L. G. [unclear] (M. D. or other) 0  
 Address Ava MO Date signed 9-11-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 6,  
District File Number 1047-1033  
Date Filed OCT 19 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..... W. B. Hutchison  
Licensed Embalmer No. 3431  
P. O. Address..... Asa road

**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.**