

National Office of Vital Statistics
FILED MAR 15 1948

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 210

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 924 E. Normal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 17 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 924 E. Normal Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Arnie 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 Harve E. Robertson 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 25 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>15</u>	hr. min.

9. Birthplace Dallas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home Keeper

12. Name Dallas Denton

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

14. Maiden name Jane Ross

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

16. (a) Informant Mrs. R. M. Coadder

(b) Address Springfield Mo

17. (a) Burial (b) Date thereof 3-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Daville Cemetery

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walton St. Springfield Mo

19. (a) 3/11/48 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-9-48 to 3-10-48 that I last saw her alive on 3-8-48 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia with secondary anemia and emphysema

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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)

23. Signature Mary Jean Othman (M. D. or other).....
Address 318 St Louis St Date signed 3-11-48

Duration
Underline the cause of which death should be charged statistically.

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 Ray Miller

Licensed Embalmer No. 4492

P. O. Address Waverly Grove, 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.