No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

8403

State File No.

Registration District No. 120 | Primary Registration District No. 4194 | Registrar's No. 21

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany (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 Gentry 38
(c) City or town Albany 1 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Emery L. Robertson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 6 (Day) 1865 (Year)

8. AGE: Years 83 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Ottumwa (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name William Robertson
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Mary Jane
15. Birthplace Unk. (City, town, or county) Unk (State or foreign country) 9

16. (a) Informant Milo Robertson
(b) Address Albany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview
18. (a) Signature of funeral director Clifford Burke
(b) Address Albany Mo
Mar 19-48 (Date received local registrar) (b) Forrest N. Walker (Registrar's signature) 103

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1948 hour 1 minute 10P. M.

21. I hereby certify that I attended the deceased from March 9, 1948 to March 12, 1948 that I last saw him alive on March 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 3 days
Due to
Due to
Other conditions Mitral regurgitation with Hypertension (Include pregnancy within 3 months of death)
Major findings: Of operations 92
Of autopsy 000

PHYSICIAN
Underline the cause of 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 2

23. Signature Charles N Williamson (M. D. or other) DO
Address Gentry Mo Date signed 3-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

..... Registered Apprentice No.....

working under my personal supervision.

Signed E. Lafayette Burke

Licensed Embalmer No. 3329

P. O. Address Albany 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.

No. 2B
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 120 Primary Registration District No. 494 Registrar's No. 21

1. PLACE OF DEATH:

(a) County: Gentry

(b) City or town: Albany
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Emery L. Robertson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Mar'd

6. (b) Name of husband or wife

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

7. Birth date of deceased: Feb 6 1868
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days Unless than one day hr. min.

9. Birthplace: Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Retired Laborer

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Apr 7-48 (Date received local registrar) Homer W. Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 2 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-8[illegible]