No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32370

Registration District No. 73 | Primary Registration District No. 5291 | Registrar's No. 89

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty RR #2 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Liberty Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town RR 2 Liberty (If outside city or town limits, write "RURAL")
(d) Street No. near Liberty Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME DARWIN M. ROBERTSON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lillie Belle Robertson
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April (Month) 13 (Day) 1875 (Year)

8. AGE: Years 73 | Months 5 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Clay Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business ✓
FATHER
12. Name Robert C. Robertson
13. Birthplace ✓ (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Madeleine Adkins
15. Birthplace ✓ (City, town, or county) Mo (State or foreign country)
16. (a) Informant Anabel Cantrell
(b) Address RR #2 Liberty Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo
18. (a) Signature of funeral director Church-Archer Co
(b) Address Liberty Mo
19. (a) Oct 12. 1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1948 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from May, 1948, to Oct 12, 19..., that I last saw him alive on Oct. 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition from Cancer of bladder	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Wm H Goodman (M. D. or other) MD
Address Liberty Mo Date signed 10/12/48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-5-48

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 John Lombardy

Licensed Embalmer No. 4448

P. O. Address Liberty 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.