

No. 300
-10-47
-17-39
I 3906

FILED OCT 22 1948
Registration District No. **28**

Primary Registration District No. **5467**

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural Robberson township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Brighton, Mo. Route #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life time years, months or days) _____ (Specify whether
years, months or days)

3: (a) PRINT FULL NAME WILFRED R ROBERTSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate W Robertson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 9 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	7	2	hr. min.
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9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William R Robertson

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

14. Maiden name Mollie Alexander

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

16. (a) Informant Mrs Kate W Robertson

(b) Address Brighton, Mo. Route # 1

17. (a) Burial (b) Date thereof 10-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robberson Prairie

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-11-48 (b) W J Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Brighton, Mo. Route #1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 11
year 1948 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 5-1, 1948, to 10-9, 1948,
that I last saw him alive on 10-9, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial DISEASE

Duration 6 mo

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature W J Handley (M. D. or other) MD

Address 304 W Coml Date signed 10-12-48

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 *Julian R Goodwin*

Licensed Embalmer No. *4562*

P. O. Address *Springfield*

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.