No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36260

State File No.

FILED DEC 7 1948

Registration District No. 36

Primary Registration District No. 5499

Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Rural-Lincoln Township
(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 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Hatfield-Rural 0
(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 William 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 Susie Parman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 14 (Day) 1851 (Year)

8. AGE:

Years	Months	Days	If less than one day
97	6	19	hr. min.

9. Birthplace Denver (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name James Allen Robertson
13. Birthplace Tennessee (City, town, or county) (State or foreign country) /

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

16. (a) Informant Fred Robertson
(b) Address Hatfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Miller Cemetery
18. (a) Signature of funeral director Arch C. Dunfee
(b) Address Grant City, Mo.
19. (a) 11-5-48 (Date received local registrar) (b) Chas. Adair (Registrar's signature) 114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from 11-2 1948 to 11-3 1948;
that I last saw him alive on 11-3 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 2 Days
Due to ✓
Due to ✓
Other conditions 97 yrs old. (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 0
23. Signature C. J. Ross M.D. (M. D. or other)
Address Grant City Mo. Date signed 11-4-48

Jefferson City Printing Co.
11-5-48

(Licensed Embalmer's Statement on Reverse Side)

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_____, Registered Apprentice No._____, working under my personal supervision.

Signed Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address_____

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.