

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42502

FILED JAN 26 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 291

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>815 S. Maple St.</u>		d. STREET ADDRESS (If rural, give location) <u>815 S. Maple St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>ROBINSON</u> c. (Last) <u>ROBERTSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29 1948</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 31, 1868</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Shepherdstown, W. Va.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Thomson M. King</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Richard T. Robertson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Robertson, 815 S. Maple, Carthage</u> ADDRESS <u>Carthage</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure; asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer, metastatic left lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer, Right breast.</u>		<u>10 yrs</u>	
DUE TO (c) _____		<u>50</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>170</u>	
19a. DATE OF OPERATION <u>1938</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer Rt Breast. Radical removal of Rt breast 1938</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July 5, 1946</u> , to <u>Dec 29, 1948</u> , that I last saw the deceased alive on <u>Dec 28, 1948</u> , and that death occurred at <u>8:40 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>		23b. ADDRESS <u>Carthage Mo</u>	
23c. DATE SIGNED <u>12/30/48</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	
24b. DATE <u>Dec 31, 1948</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u> ADDRESS <u>Carthage, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-30-1948</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton M.D.</u>	

Per q. Ferguson (Licensed Embalmer's Statement on Reverse Side)

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Frank W. Kuehl.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4440.....

P. O. Address Carthage.....

**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.**