No. 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21792

Registration District No. ____ Primary Registration District No. 2002 Registrar's No. 268

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

1. PLACE OF DEATH:
(a) County Newton Jasper
(b) City or town Seneca Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 615 St Louis Ave
(If not in hospital or institution, write street number or location) Seneca, Missouri
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 2 Seneca, Mo
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Calvin Russell Robertson
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary ANN
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased January 12 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Butler (City, town, or county) Mo (State or foreign country)
10. Usual occupation Black Smith
11. Industry or business ____
12. Name of Father No Record
13. Birthplace of Father " (City, town, or county) " (State or foreign country)
14. Maiden name of Mother "
15. Birthplace of Mother " (City, town, or county) " (State or foreign country)
16. (a) Informant Mary ANN Robertson
(b) Address 615 St Louis Ave Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Park Cem
18. (a) Signature of funeral director Thornhill-Dills
(b) Address Joplin Mo
19. (a) 7-1-42 (Date received local registrar) (b) Returned Sudbrock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour 11:15 A.M. P.M.
21. I hereby certify that I attended the deceased from January 7, 1942 to June 26, 1942 that I last saw him alive on June 26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Nephritis	
Due to Cystitis	
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 H. W. Hewett (M. D. or other) MD
Address 2114 Joplin Date signed 7-9-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-6-552

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.....

Bob Shamblee, Registered Apprentice No.....

working under my personal supervision.

Signed Bob Shamblee

Licensed Embalmer No. 2424

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.

No. 2B
-8-21-41
1 X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21492

Registration District No. 411 — Primary Registration District No. 2002 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(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 (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 Calvin R 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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 12 (Day) 1878 (Year)

8. AGE: Years 64 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Mo.
10. Usual occupation
11. Industry or business

MOTHER 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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany 17 day
year 1942 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.

	Duration
Immediate cause of death Cardiac Failure Nephritis Chr.	
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 1-21-42