MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42867
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 86-
(b) Township Washington 1 Primary Registration District No. 5127 Registered No. 1328
or
(c) City St Joseph (d) Street No. RR #3 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Marvin Surber Jr.
(a) Residence, No. RR #3 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1939
7. AGE: YEARS 0 MONTHS 0 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

FATHER
13. NAME Robert M. Surber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlinville Ill.

MOTHER
15. MAIDEN NAME Beulah Pearl Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt, Mo.

17. INFORMANT (ADDRESS) Mr. R. M. Surber RR #3 St Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburgh, Mo DATE 12-28- 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fleeman & Son Inc 1946 Calhoun St. Joseph Mo
20. FILED 12/27, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 22nd, 1939, to Dec. 27, 1939
I last saw him alive on Dec 27th, 1939 Death is said to have occurred on the date stated above, at 930A m.
The principal cause of death and related causes of importance were as follows:

Failure of Foramen Ovale to Close (Blue Baby.)

Date of onset

Other contributory causes of importance:

157C

Name of operation none Date of
What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Dr. J. G. Swails, M. D.
85 (Address) Watkins, Kansas

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 C. N. Swan

Licensed Embalmer No. 40 82

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.