

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. **146**

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

**1. PLACE OF DEATH:**

(a) County Johnson  
(b) City or town Warrensburg  
(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 64 yrs. years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Richard M. Robertson  
3. (b) If veteran, name war 1 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 5 year 1940 hour 5 minute A. M.  
21. I hereby certify that I attended the deceased from Dec 1 1940 to Dec 5 1940 that I last saw him alive on Dec 4 1940 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Octa Robertson 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased Nov - 29 - 1852  
(Month) (Day) (Year)

Immediate cause of death Myocarditis  
Due to Old age

8. AGE: Years 88 Months 0 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 72A

9. Birthplace Hickory Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lawyer

11. Industry or business \_\_\_\_\_

12. Name James Robertson

13. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Ralph Robertson

(b) Address 365 So. Holden Warrensburg

17. (a) Burial (b) Date thereof Dec - 7 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo

19. (a) Dec 9 1940 (b) Bertie Bentley  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_  
23. Signature G. L. Bradley (M. D. or other) \_\_\_\_\_  
Address Warrensburg Mo Date signed Dec 5 40

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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.....

.....*Earl Priest*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Earl Priest*

Licensed Embalmer No.

*3878*

P. O. Address

*Wannamaker*

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, above space should be left blank.