

Registration District No. **608**

Primary Registration District No. **5807 A**

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Stella**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Stella Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **Ernest Clayton Robertson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **491-12-3648**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 20, 1919**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 0 4 hr. min.

9. Birthplace **Seligman Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **N. Y. A.**

12. Name **James Robertson**

13. Birthplace **Golden Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Winnie Jones**

15. Birthplace **Washburn, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Robertson**

(b) Address **Seligman, Mo.**

17. (a) **Burial** (b) Date thereof **1/26/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perkins Cemetery**

18. (a) Signature of funeral director **Koon Funeral Home**

(b) Address **Cassville, Mo.**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Seligman**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **25**
year **1941** hour **3** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Jan-22-1941** to **Jan-26-1941**
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Due to labor pneumonia** Duration **5**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature **Dr. Caldwell** (M. D. or other) _____
While at work? _____ (Specify type of place) (c) Means of injury _____

Address _____ Date signed **1/26/41**

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

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.....

Eugene Wood

Licensed Embalmer No.....

3804

P. O. Address.....

Cassville, Mo.

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.