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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27609

Registration District No. 1 — Primary Registration District No. 1 — Registrar's No. 201

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim Smith Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Sullivan
(c) City or town: Milan (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: Route # 5.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles Edward Robertson.
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M. 0
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Manna
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept (Month) 13 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
55.	9	22	hr. min.

9. Birthplace: Sullivan (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Charles Samuel Robertson.
13. Birthplace: Sullivan (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name: Kate Oxium.
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Wife - Mrs C. E. Robertson.
(b) Address: Milan Mo. - R. 2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Milan, Oakwood Cem.
18. (a) Signature of funeral director: Silvernell
(b) Address: Milan, Mo.
19. (a) July 11/41 (Date received by local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 5th day: July year: 1941 hour: 900 pm minute: — M.
21. I hereby certify that I attended the deceased from July 3, 1941 to July 5, 1941; that I last saw him alive on July 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis primary cause unknown	10 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

129

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: [illegible] (M. D. or other)
Address: Kirksville Mo. Date signed: 7-6-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1588
Date Filed AUG 21 1941

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 Frank D. Schoene, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Melan

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

If this body is not embalmed, fact should be so stated above.