

FILED JUN 7 1943
Registration District No. _____

Primary Registration District No. 3007

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

1. PLACE OF DEATH: *Butler*

(a) County: *Butler*

(b) City or town: *Poplar Bluff*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Poplar Bluff 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) *7 years*

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *Butler* *12*

(c) City or town: *Butler* *6*
(If outside city or town limits, write "RURAL") *R#1*

(d) Street No. *0*
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: *Frank Elwood 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 Katherine Robertson*

6. (c) Age of husband or wife if alive: *48* years

7. Birth date of deceased: *July 14, 1886*
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<i>56</i>	<i>10</i>	<i>7</i>	hr. _____ min.

9. Birthplace: *Paris Tennessee*
(City, town, or county) (State or foreign country)

10. Usual occupation: *farmer*

11. Industry or business: _____

12. Name: *Shadders Robertson*

13. Birthplace: *Leban*
(City, town, or county) (State or foreign country)

14. Maiden name: *Dorah Jane Vaughn*

15. Birthplace: *Leban*
(City, town, or county) (State or foreign country)

16. (a) Informant: *Alfred L. Robertson*

(b) Address: *Butler*

17. (a) (Burial, cremation, or removal): *Buried*

(b) Date thereof: *May 5, 43*
(Month) (Day) (Year)

18. (a) Place: burial or cremation: *Mr Zion - Poplar Bluff*

(b) Signature of funeral director: *Walter F. ...*

(b) Address: *Depler St*

19. (a) *5-13-43* (Date received local registrar)

(b) *Willie Stenne* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *7*
year *1943* hour *2* minute _____ P.M.

21. I hereby certify that I attended the deceased from *May 4* 19 *43*, to *May 7* 19 *43*
that I last saw him alive on *May 7* 19 *43*
and that death occurred on the date and hour stated above.

Immediate cause of death: *Surinonosis, streptococcus, generalized of scrotum.*

Due to: _____

Due to: _____

Other conditions (include pregnancy within 3 months of death): _____

Major findings: *151:2*

Of operations: _____

Of autopsy: _____

Duration

Unknown

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: *J. W. ...* (M. D. or other)

Address: *Poplar Bluff, Mo.* Date signed: *5-7-43*

RECEIVED

District Health Office No. 2,

District File Number 643-701

Date Filed 6-1-43

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

B J Brentlinger

Licensed Embalmer No. 4201

P. O. Address Dexter, 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.