

FILED MAY 24 1943
Registration District No. 101

Primary Registration District No. 5412

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Springcreek
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Robertson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife J. T. Robertson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 24 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 4 10 _____ hr. _____ min.

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

10. Usual occupation Home maker

11. Industry or business _____

MOTHER FATHER { 12. Name Steven Harler
13. Birthplace Douglas Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Long
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. T. Robertson
(b) Address Ava Mo

17. (a) Burial (b) Date thereof 4-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fa. n. n.

18. (a) Signature of funeral director Clinkingbeard Funeral H.
(b) Address Ava, Missouri

19. (a) 5-1-43 (b) Shelma J. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 3:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 1
1943 to Apr 4 1943
that I last saw her alive on Apr. 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Duration 2 wks 1 mo

Due to _____

Due to _____

Other conditions _____
(Includes 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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature R. M. Norman MD
Address Ava Mo Date signed 4/7/43

While at work? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature _____ Address _____ Date signed _____

Dr. P. M. J. ...

RECEIVED

Detroit Health Officer No. 6,

District File Number *543-659*

Date Filed *MAY 20 1943*

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 *W. B. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address *Oran 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.