

FILED DEC 9 1943

Registration District No. **376**

Primary Registration District No. **4462**

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

1. PLACE OF DEATH:

(a) County **St. Francois Co.**

(b) City or town **Elvins Mo.**

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **70 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **Elvins, Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME **Holman Robertson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Bell Robertson** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **June 27 1868**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **28**
year **1943** hour **8** minute **45** a. m.

21. I hereby certify that I attended the deceased from **Feb 20**
19**43**, to **Aug 15**, 19**43**;
that I last saw him alive on **Aug 15**, 19**43**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	75	4	2	hr. _____ min.

Immediate cause of death **Coronary Occlusion**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frank Robertson**

{ 13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Hester McKee**

{ 15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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

(b) Address **Elvins, Missouri**

17. (a) **Burial** (b) Date thereof **10/31/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Three Rivers**

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

(b) Address **Flat River, Missouri**

19. (a) **Nov. 6 1943** (b) **Byrdie Lohmeyer**
(Date received local registrar) (Registrar's signature)

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 **W. Dean Morris** (M. D. or other) **MD.**

Address **Elvins, Mo.** Date signed **11-4-1943**

1196

*J. D. Ban Monus
Pisceton*

RECEIVED

District Health Officer No. 4
District File Number 1243-300
Date Filed 2-8-43

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 *Eugene L. ...*

Licensed Embalmer No. 4287

P. O. Address Flat River 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.