

No. 2
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5-17-39
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14195
State File No. _____
Registrar's No. 399

FILED MAY 11 1944
Registration District No. _____

Primary Registration District No. 6800

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 years
(Specify whether years, months or days)

In this community 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2132 So. 9th St.,
(If rural, give location)

(e) Citizen of foreign country? No 7
(Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Albert Preston Robertson

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eudora

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 29, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
<u>54</u>	<u>0</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Butcher

11. Industry or business Armour & Co.

MOTHER FATHER {

12. Name Jessie Robertson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Laura Sharp

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Eudora Robertson (Wife)

(b) Address 2132 So. 9th St., City

17. (a) Removal (b) Date thereof 4/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawatha, Kansas

18. (a) Signature of funeral director John E. Krupp

(b) Address 6054 Pryor Ave., City

19. (a) 4/21/44 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1944 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 3/16 to 4/18/44

that I last saw him alive on 4/18/44

and that death occurred on the date and hour stated above.

Immediate cause of death Empyema abscesses
P.T.D. Lung

Duration 4 mo

Due to Pneumonia 3 wks

Due to _____

Other conditions 114d
(Include pregnancy within 3 months of death)

Major findings: 114d

Of operations _____

Of autopsy above diag.

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)

(c) Means of injury _____

23. Signature J.R. Linn (M. D. or other) _____

Address 734 2nd Ave Date signed 4/21/44

St Joseph Mo

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, on ~~1/1/19~~

....., Registered Apprentice No.
working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.