

No. 2
-5-43
17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18005

FILED JUN 9 1944

Registration District No. 20

Primary Registration District No. 5450

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Gretna-Miller Twp.
(b) City or town Gretna
(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
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gretna
(c) City or town Gretna
(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 Daniel Fletcher 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 Widowed

6. (b) Name of husband or wife Fidelia Rice 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 19, 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Gretna County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation retired school teacher

11. Industry or business

12. Name Elias Robertson
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sabina Warden
15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elizabeth Robertson
(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 5/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland
18. (a) Signature of funeral director [Signature]
(b) Address Albany Mo.

19. (a) June 2 - 1944 (b) James T. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1944 hour 6 minute 25 P. M.
21. I hereby certify that I attended the deceased from May 20, 1944, to May 26, 1944, that I last saw him alive on May 26, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death acute endocarditis
Due to senility
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: 912
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature C. J. Gray (M. D. or other)
Address Albany Mo. Date signed 6-1-44

Duration 2 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1108

(Licensed Embalmer's Statement on Reverse Side)

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 me

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

Signed Clifford Bush

Licensed Embalmer No. 5329

P. O. Address Albany 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.