S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 18416

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 38

**1. PLACE OF DEATH:**

(a) County Jefferson

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

(c) Name of hospital or institution 714 N. 4th (If not in hospital or institution, write street number or location)

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

In this community 77 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jefferson

(c) City or town Desoto (If outside city or town limits, write "RURAL")

(d) Street No. 714 N. 4th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN FREMONT ROBERTSON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife IDA MAY ROBERTSON

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased AUG 23 (Month) (Day) 1866 (Year)

8. AGE: Years 77 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

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

MOTHER
14. Maiden name Sarah Albred
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ida May Robertson

(b) Address Desoto Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Park (Desoto)

18. (a) Signature of funeral director Donnell B. Dattel

(b) Address Desoto Mo.

19. (a) 5-22-44 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 12 year 1944 hour 2 minute 10 p. M.

21. I hereby certify that I attended the deceased from March 10, 1944, to May 12, 1944 that I last saw him alive on May 11th, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Mitral Stenosis & Senility | 5 years. |
| Due to | |
| Due to | |
| Other conditions Influenza Respiratory (Include pregnancy within 3 months of death) | 5 da. |

Major findings:
Of operations 92 b
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. A. Elders (M. D. or other) MD

Address De Soto Mo. Date signed 5/13/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-6-44

## 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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Joplin 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.**