S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2252 ✓

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 38

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St Johns Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 week (Specify whether

In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 915 N Prospect (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Billie Dean Robertson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, ~~widowed, married, divorced~~ Baby

6. (b) Name of husband or wife None

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

7. Birth date of deceased Dec. (Month) 23 (Day) 1943 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	1	0	20	hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Alfred Robertson
13. Birthplace Polk Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Jewell Cathren Dickey
15. Birthplace Springfield (City, town, or county) Mo (State or foreign country)

16. (a) Informant Coy O Dickey

(b) Address 915 N Prospect, Sp'fd, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-45 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville Ave., Sp'fd

19. (a) 1-15-45 (Date received local registrar) (b) Dr. W. E. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1945 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from 12-20, 1944 to 1-13, 1945 that I last saw him alive on 1-13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death F. B. Trachea (Foreign body in trachea)

Due to Inhaling Foreign body while eating Candy

Due to

Other conditions (Include pregnancy within 3 months of death) 1950

Major findings: Of operations

Of autopsy F. B. Block in both branches

Duration

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 W. Wheeler (M. D. ~~or other~~)

Address Med. Arts Bldg. Date signed 1-13-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Fred C. Phieine,

Licensed Embalmer No. 2899,

P. O. Address Springfield, 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.