V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16835

State File No.

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan, Rural mean

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

(c) Name of hospital or institution: 1 [illegible]

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

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

In this community Life

years, months or days)

2. USUAL RESIDENCE OF DECEASED: 36

(a) State Missouri (b) County Franklin 0

(c) City or town Sullivan, Rural 0

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

(d) Street No. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Millie ELLEN ROBERTSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 13, (Day) 1861 (Year)

8. AGE: Years 84 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Franklin Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Tillman Benson
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Matilda Bledsoe
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Maurice Robertson

(b) Address Sullivan, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 5, (Day) 1945 (Year)

(c) Place: burial or cremation Crowe Cem. Sullivan

18. (a) Signature of funeral director Thos. P. Shaffer

(b) Address Sullivan, Missouri.

19. (a) 6-5-45 (Date received local registrar) (b) Gilbert Gilhaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1945 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from May 15, 1945, to June 2, 1945; that I last saw her alive on May 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93

Of autopsy

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. F. Irwin (M. D. or other)

Address Leasburg Date signed 6-4-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-13-45

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 Edgar W. LaPlow

Licensed Embalmer No. 13394

P. O. Address Sullivan 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, above space should be left blank.