

FILED JUN 14 1945

Registration District No. _____

Primary Registration District No. 3045

Registrar's No. 87

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Buchanan Robertson
 3. (b) If veteran, name war. no
 3. (c) Social Security No. no

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Sarah Jane Robertson
 6. (c) Age of husband or wife if alive 1856 years
 7. Birth date of deceased Dec. 29 19
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 3
If less than one day hr. min.

9. Birthplace Whiteside County, Ill!
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

11. Industry or business _____
 12. Name Joseph Robertson
 13. Birthplace Ill /
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Weedham
 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Edna McNeal
 (b) Address Graham Missouri
 17. (a) burial (b) Date thereof 5-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Graham cemetery
 18. (c) Signature of funeral director Price Funeral Home
 (b) Address Maryville Mo
 19. (a) May 24 '45 (b) Quay Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Graham - Rural -
(If outside city or town limits, write "RURAL")
 (d) Street No. 544 Miles east
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 22
 year 1945 hour 10 minute 30 A.M.
 21. I hereby certify that I attended the deceased from May 20, 1945, to May 22, 1945;
 that I last saw him alive on May 22, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from stomach
Carcinoma of stomach
 Due to _____
 Due to _____
 Other conditions Chr Myocarditis
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations WOK
 Of autopsy _____
 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) (e) Means of injury
 23. Signature J. M. Boyles (M. D. or other) _____
 Address Maryville Mo Date signed 5-23-45

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

AUG 24 1950

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 the personal supervision.

District Health Officer No. 11,

District File Number _____

Date Filed _____

Signed W. L. Lee

Licensed Embalmer No. 2539

P. O. Address Manville

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.