

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **9110**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **232**

9
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
2149 North Missouri Avenue
(If not in hospital or institution, write street number or location)

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

In this community: 1 year
a 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. 2149 N. Missouri Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME RUFUS HENRY ROBBERTSON

3. (b) If veteran, name war UNK.

3. (c) Social Security No. 702073974

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6th
year 1946 hour 2:30 pm M.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Mrs Lottie V. Robberson

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

7. Birth date of deceased: January 11, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 23 1946 to Feb 3/6 1946
that I last saw him alive on Mar 2, 46 19.....
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>75</u>	<u>1</u>	<u>25</u>	hr. min.

Immediate cause of death Cerebral hemorrhage Duration 2 hours

Myocardial infarction since

Due to Jan 23/46 - B pt 210/100

Due to Arterio-sclerosis

Radiol - atherosclerosis

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

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad man

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER {

12. Name Francis S. Robberson

13. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Watson

15. Birthplace Monroe County, Tennessee
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Mrs Otto Herrick

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof MAR 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cave Springs, Mo.

18. (a) Signature of funeral director W. L. Greenwald U. N. D. Co.

(b) Address Willard Ave. Missouri

19. (a) 3-9-46 (b) S. W. S. Handley
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Lewis (M. D. or other).....
Address Hallard Bl. Spfld, Mo. Date signed 3/9/46

MAR 29 1946

APR 1 1946

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 *Mrs E. W. Greenwade*

Licensed Embalmer No. *2095*

P. O. Address *Willard, Missouri*

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.

o