

FILED MAR 19 1946

State File No. _____

Registration District No. 243

Primary Registration District No. 5837

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Camp Crowder
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ASF Regional Station Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Wyoming (b) County 999
(c) City or town Cheyenne 48
(If outside city or town limits, write "RURAL")
(d) Street No. 115 West 3rd
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Wesley W. Robertson 39 533 078

20. DATE OF DEATH: Month March day 10
year 1946 hour 2 minute 05 P. M.

3. (b) If veteran, name war World War II 3. (c) Social Security No. --

21. I hereby certify that I attended the deceased from never, dead on arrival to Hospital, to _____, 19____; that I last saw him alive on Never, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

Immediate cause of death Cardiac failure acute, cause undetermined. Duration _____

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

7. Birth date of deceased January 30 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 7 Days 10
If less than one day -- hr. -- min.

Due to _____

Due to _____

9. Birthplace Cave City, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business U S Army

Major findings: Of operations No operation 2000

12. Name Robert A. Robertson 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Of autopsy Gross findings: none contributory. Microscopic: pending

16. (a) Informant Service Record ASFTC Hq

(b) Address Camp Crowder, Mo.

17. (a) removal (b) Date thereof Mar 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cotter, Arkansas

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) Mar 13, 1946 (b) Malvin C. Borman
(Date received local registrar) (Registrar's signature)

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 James W. Knell (M. D. or other) _____

Address Camp Crowder Mo Date signed 11 Mar 1946

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

9159

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. _____
District File Number 146-72
Date Filed 2-18-46

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 _____

Frank W. Kull Jr., Registered Apprentice No. 379
working under my personal supervision.

Signed Emmett Kull

Licensed Embalmer No. 391

P. O. Address Carthage

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.