

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26419

FILED SEP 6 1946

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 284

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
822 Kinzer St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Fisk Rt. # 1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) /
If yes, name country _____

3. (a) PRINT FULL NAME Charles Francis Robertson

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-20-6229

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Pearl May Robertson

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 25 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Albert C. Robertson

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

14. Maiden name Rose B. Moore

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

16. (a) Informant Mrs. Thelma Brace

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 8/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar bluff, Mo.

19. (a) 8/28/46 (b) [Signature]
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1946 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from 9 JAN. 1946 to 3 AUG. 1946;
that I last saw him alive on 2 AUG. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA, HYPOSTATIC Duration 2 DAYS

Due to MYOCARDITIS, CHRONIC 1-2 yrs.

Due to NEPHRITIS, CHRONIC 1-2 yrs.

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

Major findings: [Signature] 13/1/46

Of operations _____

Of autopsy _____

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 [Signature] (M. D. 767630)

Address Poplar Bluff, Mo. Date signed 7 AUG 1946

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 946-1050

Date Filed 9-3-46

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

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

~~working under my personal supervision.~~

Signed.....

Wallace N. Fitch

*Licenséd Embalmer No.....

3859

P. O. Address.....

Poplar Bluff, 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.