U. S. No. 2
M—9-4-41
Rev. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 12558

Registrar's No. 620

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mo 26 days (Specify whether years, months or days)
In this community 11 mo 26 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte
(c) City or town Platte City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Scotland

3. (a) PRINT FULL NAME: William Robertson
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kate Robertson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 15th (Day) 1875 (Year)

8. AGE: Years 71 Months 5 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Scotland (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Robertson
13. Birthplace (City, town, or county) Scotland (State or foreign country)
MOTHER
14. Maiden name Christina Farmer
15. Birthplace (City, town, or county) Scotland (State or foreign country)
16. (a) Informant Mrs Kate Robertson
(b) Address Platte City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Platte City Cem
18. (a) Signature of funeral director Rollins Mitchell
(b) Address Platte City, Missouri
19. (a) May 8, 1947 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1947 hour 6 minute 00 A. M.
21. I hereby certify that I attended the deceased from April 1 1947 to April 28 1947 that I last saw him alive on April 28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Generalized arterio sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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 Forest Thomas (M. D. or other)
Address St Joseph Mo Date signed 4/29/47

(Licensed Embalmer's Statement on Reverse Side) State Hosp. No 2

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 Frances M. Riffle

Licensed Embalmer No. 4393

P. O. Address Platte City, 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.