

FILED JUL 7 1947

Registration District No. **177**

Primary Registration District No. **30.16**

Registrar's No. **141**

36
5
4

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

1. PLACE OF DEATH

(a) County Cole

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

(c) Name of hospital or institution: St. Marys Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 5 days

3. (a) PRINT FULL NAME Charles B. Robertson

3. (b) If veteran, name war..... No.

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Judy

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Aug 2 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>19</u>	hr. min.

9. Birthplace Marion County Mo. **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business For self

12. Name Wesley Robinson

13. Birthplace Marion County Mo. **0**
(City, town, or county) (State or foreign country)

14. Maiden name Delilah Powers

15. Birthplace Marion County Mo. **0**
(City, town, or county) (State or foreign country)

16. (a) Informant Judy Robinson

(b) Address Linton, Mo.

17. (a) Removal (b) Date thereof 6-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Mo.

18. (a) Signature of funeral director Wm. Lewis

(b) Address 700 Jefferson

19. (a) 6-24-47 (b) R. O. Harris **Mo.**
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion **63**

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

(d) Street No. 7 miles north on Hi. 28
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) **1**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1947 hour 8 minute 500 A.M.

21. I hereby certify that I attended the deceased from June 17 1947 to June 21 1947
that I last saw him alive on June 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure **Friday**
Due to Bright's disease **year**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: 13.1 B

Of operations

Of autopsy

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)

(a) Means of injury 0

23. Signature Wesley A. Taylor (M. D. or other) **Mo.**
Address Jefferson City Mo. Date signed 6-24-47

JUL 30 1947

Date Filed _____
District File Number JUL 2 1947

RECEIVED
District Health Officer No. 9,

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 _____

Donald P. Freeman, Registered Apprentice No. 481
working under my personal supervision.

Signed *J. H. Anderson*

Licensed Embalmer No. 3641

P. O. Address *Jeno*

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.

JUL 11 1947