

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34124

State File No.

FILED OCT 17 1947

Registrar's No. 2122

Registration District No. 187

Primary Registration District No. 4173

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community _____ (months, months or days)

3. (a) PRINT Robertson Twin Boys
FULL NAME

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 Single

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

7. Birth date of deceased August 7, 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 2 hr. _____ min.

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

10. Usual occupation Infants

11. Industry or business _____

12. Name T. Paul Robertson

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

14. Maiden name Cotty Henley

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

16. (a) Informant J.P. Robertson
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 9-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fannen

18. (a) Signature of funeral director Clinkingbeard Funeral H
(b) Address Ava, Missouri

19. (a) Aug 19-47 (b) Uesta Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1947 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 7, 47
only, 1947, to _____, 1947;
that I last saw him _____ alive on _____, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death pernicious anemia Duration _____
with

Due to not known

Due to _____

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

Major findings: 5-9
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? (a) _____ (b) Means of injury _____

23. Signature J.P. Robertson (M. D. or other) _____
Address Ava Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1047-1022

Date Filed OCT 19 1947

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..... *W B Hutchison*

Licensed Embalmer No. 3431

P. O. Address..... *Oran Md*

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.