

Registration District No. **575**

Primary Registration District No. **4339**

Registrar's No.

840

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

1. PLACE OF DEATH:
 (a) County **Moniteau**
 (b) City or town **Tipton**
 (c) Name of hospital or institution: **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **Ninety Years**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Moniteau**
 (c) City or town **Tipton**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Nancy Susan Robertson 163**
 (b) If veteran, name war **NO**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **18th**
 year **1940** hour **7:50** minute _____ P. **A.M.**

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **George J. Robertson**
6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **June 1st, 1842**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-15-40**
 19 _____ to **5-18-40** 19 _____
 that I last saw her alive on **5-18-40** 19 _____
 and that death occurred on the date and hour stated above.

8. AGE: Years **97** Months **11** Days **17**
 If less than one day _____ hr. _____ min.

Immediate cause of death: **Lobar Pneumonia**
 Duration **4 days**

9. Birthplace **Adair County Kentucky**
 (City, town, or county) (State or foreign country)
10. Usual occupation **At home**

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

11. Industry or business -----
MOTHER FATHER
12. Name **Hezekiah Price**
13. Birthplace **Kentucky**
 (City, town, or county) (State or foreign country)
14. Maiden name **Eliza Jane Elliott**
15. Birthplace **Adair County Kentucky**
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address **Tipton, Mo**
17. (a) Re Moval (Burial, cremation, or removal) (b) Date thereof **May 20, 1940**
 (Month) (Day) (Year)
(c) Place: burial or cremation **Mt Moriah Cemetery**

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? _____

18. (a) Signature of funeral director **Jessie E. Richard**
(b) Address **Tipton, Mo**
19. (a) **5-19-40** **(b) Mrs. O. E. Frye**
 (Date received by registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 Means of injury _____
23. Signature **J. P. Daniel** (M. D. or other) _____
Address **Tipton Mo** **Date signed** **5-19-40**

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, 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, above space should be left blank.