

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18193

State File No.

Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton (If outside city or town limits, write "RURAL") 2
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Tira James Robertson

3. (b) If veteran, name war None 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 Mary Melvina Robertson 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased January, 3rd, 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer & Groceryman

11. Industry or business Retired

12. Name George W. Robertson

13. Birthplace Moniteau County, Mo (City, town, or county) (State or foreign country)

14. Maiden name Meremina Stinson

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

16. (a) Informant Mrs. Grace Harrleson

(b) Address Sedalia, Mo.

17. (c) Burial (b) Date thereof 5/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cemetery

18. (a) Signature of funeral director James E. Richards

(b) Address Tipton, Mo.

19. (a) 5-11-47 (b) Mrs. Maude Hudson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1947 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11/25 1940 to 5/8 1947, that I last saw him alive on 5/8 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Defficiency
Due to Arterio sclerosis
Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. F. Potts (M. D. or other) _____
Address Tipton, Mo. Date signed 5/11/47

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-19-47

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 James E. Richards
Licensed Embalmer No. 2466
P. O. Address Septon, Va.

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.