

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 429 East Lexington St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Mary R. Robertson

3. (b) If veteran, name war: No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14.  
year 1942 hour 10 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George N. Robertson 6. (c) Age of husband or wife if alive 76 years  
13. 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-6-42  
1942 to 3-14 1942  
that I last saw her alive on 3-14 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 6 Days 15 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: bronchial pneumonia

Due to: 107

Due to: \_\_\_\_\_

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

Other conditions: organic heart disease  
(Include pregnancy within 3 months of death)

10. Usual occupation House Wife

Major findings: (Mitral Stenosis)

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: \_\_\_\_\_

12. Name Ahaz Hickman

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Zeikle

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

16. (a) Informant Mrs. L. D. Megede  
Richmond Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar. 16. 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Ridge Mo.

18. (a) Signature of funeral director E. Thurman  
Richmond Mo.

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature Shes Y. Hoover (M. D. or other) \_\_\_\_\_  
Richmond, Mo. Date signed 3-16-42

19. (a) Mar. 16, 1942 (b) Chas. W. Sheppard  
(Date received local registrar) (Registrar's signature)

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

89  
1  
1

MOTHER FATHER

1144

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-13-42 .....

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 [Signature] ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed [Signature] .....

Licensed Embalmer No. 2073 .....

P. O. Address Richmond 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.