No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39439

Registration District No. 656 Primary Registration District No. 5873 Registrar's No.

DEC 12 1940

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Steele R. 1 (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 6 (Specify whether years, months or days)

In this community 33 Years. 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot

(c) City or town Steele R. 1 (If outside city or town limits, write "RURAL")

R

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clyde Star Robinson

3. (b) If veteran, name war —

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 Laurabell Robinson

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Dec (Month) 26 (Day) 1906 (Year)

8. AGE: Years 33 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Middle Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business —

FATHER 12. Name Monroe H. Robinson

13. Birthplace Wayne Co. Tenn. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Susanna Harris

15. Birthplace Lawrence Co. Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Monroe H Robinson

(b) Address Caruthersville R. 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville

18. (a) Signature of funeral director [illegible]

(b) Address Caruthersville Mo

19. (a) 12-10-1940 (Date received by local registrar) (b) Tom Bryant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot wound in the Right temple with a Revolver.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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) suicide

(b) Date of occurrence Sept. 15-1940

(c) Where did injury occur? Near Steele (City or town) Pemiscot (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? His Home (Specify type of place)

While at work? No (e) Means of injury Gun Shot

23. Signature Jack Kelly Cor. (M. D. or other) 5

Address Hayti Date signed 9-15-40

(Licensed Embalmer's Statement on Reverse Side)

12-40-17

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Courtland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.