

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

State File No.

Registration District No. 647

Primary Registration District No. 4388

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Demasieat

(b) City or town Caruthersville

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 15 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Demasieat

(c) City or town Caruthersville 979

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

(d) Street No. E-14th St (If rural, give location)

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

3. (a) PRINT FULL NAME Irene (Baker) ROBINSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8

year 1941 hour 8 - minute 10 A.M.

21. I hereby certify that I attended the deceased from 11-16- 1940 to 12-12- 1940

and that I last saw her alive on 12-12-40 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Robinson

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 3 10 1890

(Month) (Day) (Year)

Immediate cause of death: Cerebral Thrombosis

Duration _____

8. AGE: Years 50 Months 9 Days 28

If less than one day _____ hr. _____ min.

Due to Hypertensive Heart Disease with Right Hemiplegia

Due to _____

9. Birthplace Vicksburg Miss

(City, town, or county) (State or foreign country)

Other conditions _____

(Include pregnancy within 3 months of death)

10. Usual occupation housewife

11. Industry or business home

MOTHER FATHER

12. Name Samu Jackson

18. Birthplace Vicksburg Miss

(City, town, or county) (State or foreign country)

14. Maiden name Ada Jones

15. Birthplace Vicksburg Miss

(City, town, or county) (State or foreign country)

Major findings: 92H

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Garnie B Martin

(b) Address Caruthersville Mo

17. (a) Burial (b) Date thereof 1-12-41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville

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? 5 11 5

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Smith J Hill

(b) Address Wayn Mo

19. (a) Feb 8, 1941 (b) Ada Martin

(Date received local registrar) (Registrar's signature)

23. Signature Dr. A Jugal (M. D. or other) _____

Address 501 E 12th St Caruthersville Mo Date signed 1-9-41

2-41-50

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.....

J. Hill

Licensed Embalmer No. *2627*

P. O. Address *Lilbourn Mo*

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

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