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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28456  
State File No. \_\_\_\_\_  
Registrar's No. 81

Registration District No. 243

Primary Registration District No. 3047

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Neosho, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1023 So. Lafayette  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 1 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newton 73  
(c) City or town Neosho 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1023 So. Lafayette 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Sterling Price Robinson

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ravina Robinson 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 2, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 2 24 hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business Blacksmith Shop

12. Name Greene Robinson

13. Birthplace North Carolina (City, town, or county) (State or foreign country)

14. Maiden name Sally Yandels

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

16. (a) Informant Sidney O. Robinson

(b) Address Marshfield, Mo.

17. (a) ~~Final Removal~~ (b) Date thereof 8-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Mo.

18. (a) Signature of funeral director Thompson Funeral Home  
(b) Address Neosho, Missouri

19. (a) Aug 27, 1947 (b) Melvin C. Bowman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26<sup>th</sup>  
year 1947 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 1<sup>st</sup> 1946 to Aug - 26 1947  
that I last saw her alive on Aug 26 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death old age Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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) (2) Means of injury.....

23. Signature G. E. Messersmith (M. D. or other).....  
Address Neosho, Mo. Date signed 8-27-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. \_\_\_\_\_  
District File Number 947-181  
Date Filed 9-8-47

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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: Corey Thompson  
Licensed Embalmer No. 3259  
P. O. Address Neosho 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.