S. No. 2
OM—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5669

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home E. 18th, St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 21 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot 78
(c) City or town: Caruthersville 1
(If outside city or town limits, write "RURAL")
(d) Street No.: E. 18th, St. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: TOM ROBINSON
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: X
6. (c) Age of husband or wife if alive: X years
7. Birth date of deceased: Unknown (Month) (Day) (Year)
8. AGE: Years: About 64 Months: ____ Days: ____ If less than one day: ____ hr. ____ min.
9. Birthplace: Charleston, (City, town, or county) Miss. (State or foreign country) 1
10. Usual occupation: Farmer
11. Industry or business: X
12. FATHER Name: Tom Robinson
13. FATHER Birthplace: Greneda, (City, town, or county) Miss. (State or foreign country) 1
14. MOTHER Maiden name: Sarah Davenport
15. MOTHER Birthplace: Greneda, (City, town, or county) Miss. (State or foreign country) 1
16. (a) Informant: Mary Sanders
(b) Address: Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Caruthersville, Mo.
18. (a) Signature of funeral director: H. L. Smith Funeral Home
(b) Address: Caruthersville, Mo.
19. (a) 2/9/48 (Date received local registrar) (b) Irene B. Wilks (Registrar's signature) 7 H 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1948 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Oct. 14, 1947, to Feb. 4, 1948; that I last saw him alive on Jan. 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary sclerosis — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 94 P
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: R. W. Phipps (M. D. or other)
Address: Caruthersville, Mo. Date signed: 2/6-48

(Licensed Embalmer's Statement on Reverse Side)

2-48-50

FEB 18 1943

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 A. Osburn

Licensed Embalmer No. 4185

P. O. Address Lawrenceville, 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.