FILED JUN 6 1940

No. 2
11-10-39
-17-39
I X21492

8
2
1

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. 19160

Registration District No. 651 Primary Registration District No. 4388 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

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

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

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

3. (a) PRINT FULL NAME Sam Robinson Jr 152

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Jan 2 - 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Sam Robinson, Sr.
13. Birthplace Miss (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Davenport
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Sam Robinson, Sr.

(b) Address Caruthersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge

18. (a) Signature of funeral director H S Smith

(b) Address Caruthersville Mo

19. (a) May 18, 1940 (Date received local registrar) (b) Ada Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1940 hour 7 minute A M.

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

Immediate cause of death

Due to I saw this child only once about 3 wks ago

Due to and it was very poorly nourished -

Other conditions (Include pregnancy within 3 months of death) I did not see it again

Major findings: Of operations

Of autopsy 158

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)

(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? 585 (Specify type of place)

While at work? (e) Means of injury

23. Signature J B Luten (M. D. or other)

Address Caruthersville Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

6-40-16

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.....

Licensed Embalmer No.....

P. O. Address.....

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.