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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

**FILED JUN 10 1946** STANDARD CERTIFICATE OF DEATH

State File No. 17574

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 53

**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, Adams Quarters /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community About 25 Years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Adams Quarters  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edna Robinson

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Harry Robinson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 16, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>2</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Beelen, Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business \_\_\_\_\_

12. Name Dave Jones

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

14. Maiden name Mollie Gorden

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

16. (a) Informant L. J. Smith

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 5/26/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director H. J. Smith Funeral Home  
(b) Address Caruthersville, Mo.

19. (a) 5-24-46 (b) Jessie B. Weeks  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 20th,  
year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from  
May 19 - 1946, to May 20, 1946  
that I last saw her alive on May 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12 hrs.

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) (e) Means of injury \_\_\_\_\_

23. Signature J. R. Union (M. D. or other) \_\_\_\_\_  
Address Caruthersville, Mo. Date signed 5-20-46

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

MOTHER FATHER

247

(Licensed Embalmer's Statement on Reverse Side)

5-46-104

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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.....

*Full Ford*

....., Registered Apprentice No. *386*

working under my personal supervision.

Signed *James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville, 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.**