

FILED NOV 18 1946

Registration District No. 287

Primary Registration District No. 5968

Registrar's No. 64

## 1. PLACE OF DEATH:

(a) County Polk  
 (b) City or town "Rural" Benton Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1 mile west of Halfway  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Thomas Foster Robinson3. (b) If veteran, name war none3. (c) Social Security No. none

4. Sex male ( ) 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Winnie Mae Robinson  
 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased June 17 1871  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>21</u>	hr. _____ min.

9. Birthplace Hickory County Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation farmer

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

12. Name Thomas Foster Robinson  
 13. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Jenkins  
 15. Birthplace Ky.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Opal Newsom(b) Address Halfway, Mo.17. (a) burial (b) Date thereof Nov. 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. View - Polk, Mo.18. (a) Signature of funeral director Hutcheson-Turpin(b) Address Boliver, Mo.19. (a) Nov. 9, 1946 (b) Ray G. Gorden  
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
 (c) City or town "Rural"  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 mile west of Halfway  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8  
year 1946 hour 8 minute P.M.21. I hereby certify that I attended the deceased from Nov 5, 1946 to Nov 8, 1946  
that I last saw him alive on Nov 8, 1946  
and that death occurred on the date and hour stated above.Immediate cause of death  
Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:

Of operations AAA

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)  
(c) Means of injury 023. Signature Ed Smith (M. D. \_\_\_\_\_)Address Boliver, Mo. Date signed 11-9-46

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

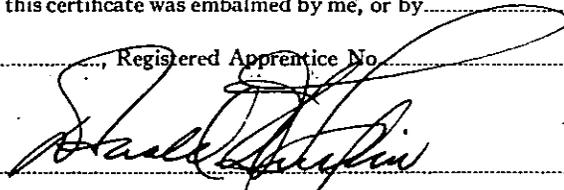
36777

10-46-2007  
11-13-46

**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.....

working under my personal supervision.

Signed .....  
Registered Apprentice No.....

Licensed Embalmer No. 3053.....

P. O. Address Bolivar, 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.**