

FILED JAN 22 1947

Registration District No. **217**

Primary Registration District No. **4-3295786**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
4 miles So. of Wyatt
(If not in hospital or institution, write street number or location)

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

In this community All of Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ben Robinson, Jr.

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

4. Sex Male **5. Color or race** Negro

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

6. (b) Name of husband or wife None **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased May 1, 1927
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 19 | 7 | 26 | hr. _____ min. _____ |

9. Birthplace Wyatt, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm laborer

11. Industry or business Farming

12. Name Ben Robinson

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

14. Maiden name Viola Loyd

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

16. (a) Informant Viola Robinson

(b) Address Wyatt, Missouri

17. (a) Burial Oak Grove Cemetery **(b) Date thereof** 12-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Missouri

18. (a) Signature of funeral director Charles L. Murrell

(b) Address Charleston, Missouri

19. (a) 1-16-47 **(b) Mrs. John B. Bondurant**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 4 miles So. of Wyatt
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

CORONER'S MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th
year 1946 hour Unknown minute _____ M.

21. I hereby certify that I attended the deceased from Attended as Coroner
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Death occurred suddenly by internal hemorrhage Duration _____

Due to Injuries received in fall from motorcycle, 12/23/46

Due to No doctor attended

Other conditions None
(include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy no

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) Accident

(b) Date of occurrence 12/23/46

(c) Where did injury occur? Charleston Miss Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place US Hwy 60
(Specify type of place)

While at work? no (e) Means of injury _____

23. Signature John F. Murrell **(M. D. or other)** Coroner
Address Charleston, Mo **Date signed** 12/28/46

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

MOTHER, FATHER

1961 P 1008

RECEIVED

District Health Office No. 2,
District File Number 147-72
Date Filed 1-20-47

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 Joe R. Nunnelee
Licensed Embalmer No. 4413
P. O. Address Charleston, W

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.