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

FILED DEC 6 1947

State File No. _____

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
119 Georgia St. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 103 Kentucky
(If rural, give location) 5
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES ROBINSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-45-7264

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Isobel Robinson 6. (c) Age of husband or wife if alive 48
7. Birth date of deceased Jan. 1 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

MOTHER FATHER

12. Name Robert Robinson

13. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. James Robinson

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 11/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana, Missouri

19. (a) 11/5/47 (b) Bennie Collier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th
year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Duration _____
Baronary Phrombosis

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 S. A. Goodin Baron
(M.D. or other) (M.D. or other)

Address Louisiana, Mo. Date signed 11.5.47

DEC 15 1947

RECEIVED
District Health Officer No. 10
District File Number 12-47-167
Date Filed DEC - 5 1947

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.....

..... *Virginia M. Stone*, Registered Apprentice No. *491*
working under my personal supervision.

Signed..... *Norval J. Garner*

Licensed Embalmer No. *3720*

P. O. Address. *Louisiana, 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.