No. 2
1/47
17-39

3

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 8 1948

Registration District No. 349

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6152 a

State File No. 3692

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Stoddard Liberty

(b) City or town Bloomfield, R. 3.
(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)

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

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield, Mo. R.3. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Thomas Elmer Robinson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Eva Gladys Robinson,

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Feb. (Month) 3. (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	10	28	..... hr. ..... min.

9. Birthplace Bloomfield (City, town, or county) Mo. R. 3. 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

FATHER
12. Name Elix Robinson,
13. Birthplace unknown (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sug TRiplett
15. Birthplace Dexter, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Eva G. Robinson,
(b) Address Bloomfield, Mo. R. 3.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 1. (Day) 48 (Year)
(c) Place: burial or cremation Triplett Cemetery

18. (a) Signature of funeral director Watkins Funeral Service
(b) Address Dexter, Mo.

19. (a) 1-3-1948 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature) 367

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1948 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from 5 Dec 1947 ....., 19....., to 31 Dec, 1947; that I last saw him alive on 31 Dec, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis pulmonary unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place) 0

While at work? ..... (e) Means of injury .....

23. Signature D L Waddle (M. D. or other MD)

Address Dexter Mo Date signed 2 Jan 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-1
Date Filed 1-5-48

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 Not embalmed, Registered Apprentice No., working under my personal supervision.

Signed Lyman Steele
Licensed Embalmer No. 2476
P. O. Address Dexter Me

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.