No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7823

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 61

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 20 Switzler St. (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: not known

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia (If outside city or town limits, write "RURAL") 2
(d) Street No.: 20 Switzler St. (If rural, give location) 4 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MARK ROBINSON
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: widowed 7
6. (b) Name of husband or wife: Addie Robinson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 12 (Month) - 24 (Day) - 1864 (Year)

8. AGE: Years 83 | Months 2 | Days — | If less than one day ..... hr. ..... min.

9. Birthplace: Howard Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....

MOTHER FATHER
12. Name: Berry Robinson 9
13. Birthplace: not known (City, town, or county) (State or foreign country) 9
14. Maiden name: Nellie Robinson 9
15. Birthplace: unknown (City, town or county) (State or foreign country) 9

16. (a) Informant: Herman Robinson
(b) Address: Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Stuart O. Parker
(b) Address: Columbia Missouri
19. (a) 2-26-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature) 91

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1948 hour 7:4 M. minute ..... M.
21. I hereby certify that I attended the deceased from Dec 13, 1947, to Feb 24, 1948, that I last saw him alive on Feb 20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cronic Myocarditis	
Due to: General Arteriosclerosis —	
Due to: fracture of hip —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy: No

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 118
(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)
While at work? (e) Means of injury .....
23. Signature: S. D. Smyth (M. D. or other)
Address: Columbia Date signed 2-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/12/48

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~~ .....
..... Registered Apprentice No. .....
working under my personal supervision.

Signed Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.

No. 2B
—5-43
I X38930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 61

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(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:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Mark Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 24 (Day) 1864 (Year)

8. AGE: Years 83 Months 2 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 24 year 1948 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 186 A
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) accident!

(b) Date of occurrence Dec 15 1947

(c) Where did injury occur? Columbia (City or town) Boone (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? (e) Means of injury Leg gave way

23. Signature (M. D. or other)
Address Date signed

1998
S-[illegible]