No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16500

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 148

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

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 Country Club Drive /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. Country Club Drive 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME DAVID BARTON ROBNETT
3. (b) If veteran, name war World War I
3. (c) Social Security No. 490-07-0842
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Margaret Lohman Robnett
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 1 - 28 - 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	3	14	..... hr. ..... min.

9. Birthplace Callaway County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Undertaking
11. Industry or business
FATHER
12. Name David A. Robnett 0
13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Laura Barton 0
15. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. D.B. Robnett
(b) Address Country Club Drive, Columbia, Mo.
17. (a) Burial (b) Date thereof 5-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 5-17-47 (b) Mrs. R E Palmer
(Date received local registrar) (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1947 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from Oct 4, 1946 to May 12, 1947
that I last saw him alive on May 12, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Purposes of liver	7½ mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Dudley H Robard (M. D. or other) MD
Address Columbia Mo Date signed 5/15/47

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

Date Filed 5-30-47

District File Number

Distric Health Center No. 9

RE

DEC 3 1958

JAN 28 1953

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 Chas L Daring

Licensed Embalmer No. 4132

P. O. Address Columbia

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.