S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38391

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4702

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or ~~institution~~: LAKESIDE HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 2 WEEKS (Specify whether
In this community 25 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No. 1018 HOLMES STREET (If rural, give location) 8
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - - - - - 10

3. (a) PRINT FULL NAME MRS ETHEL M ROBISON
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or ~~wife~~ MR. WILEY ROBISON, SR.
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased OCTOBER (Month) 12 (Day) 1899 (Year)

8. AGE: Years 48 Months 0 Days ~~29~~ 26 If less than one day hr. min.

9. Birthplace STOCKTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business - - - - - -
FATHER
12. Name WILLIAM R. YANCEY
13. Birthplace STOCKTON (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name EMMA HELM
15. Birthplace LUCERNE (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS. EMMA YANCEY
(b) Address 4001- PROSPECT AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-10-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mount Moriah ~~MEMORIAL PARK CEM.~~
18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401- BRUSH CREEK BLVD.
19. (a) 11-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 8TH year 1947 hour 10 minute 00 A. M.
21. I hereby certify that I attended the deceased from May 10 1938, to Nov. 7th 1947, that I last saw her alive on Nov. 7th 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	
Due to: Chronic Myocarditis	10 yrs.
Due to: arteriosclerosis	15 yrs.
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93
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)
While at work? (e) Means of injury 2
23. Signature Dr James J. Critten (M. D. or other) D.O.
Address 3119 Troost St. K.C.Mo. Date signed Nov. 8 1947

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

3/19 [redacted]

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 Bernard L Loran

Licensed Embalmer No. 4250

P. O. Address N C 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.