. 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 MAR 4 1948

Registration District No. 24

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 7476

Registrar's No. 39

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since Dec. 22, 1947. (Specify whether years, months or days)
In this community: Since 1915.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 510 North Odell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Robert Lee Bantz
3. (b) If veteran, name war:
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dora M. Bantz
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: October (Month) 13th (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	3	29	hr. min.

9. Birthplace: Lindley, ~~County~~, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation: Dentist
11. Industry or business:
FATHER
12. Name: John Bantz
13. Birthplace: Shelbyville, Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Jennie Johnson
15. Birthplace: Marion (City, town, or county) Ohio. (State or foreign country)
16. (a) Informant: Mrs R. L. Bantz
(b) Address: 510 N. Odell, Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park cemetery
18. (a) Signature of funeral director: Compton-Lunz
(b) Address: Marshall, Mo.
19. (a) Feb-13-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 12 year: 1948 hour: 12 minute: 35 P. M.

21. I hereby certify that I attended the deceased from Aug. 1936, to Feby. 12 1948; that I last saw him alive on Feby 12 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	8 weeks
Due to: Hypertensive cardio-vascular disease.	
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)
While at work? (e) Means of injury:

23. Signature: [illegible] M.D. (M. D. or other)
Address: Marshall, Mo. Date signed: 2-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-3-48

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 R. W. Campbell Jr.,
Licensed Embalmer No. 3469
P. O. Address Marshall, 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.