No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15601

Registration District No. 47 | Primary Registration District No. 3008 | Registrar's No. 149

1. PLACE OF DEATH:
(a) County: CALLAWAY
(b) City or town: FULTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL (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 ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CALLAWAY
(c) City or town: FULTON (If outside city or town limits, write "RURAL")
(d) Street No.: 907 WEST AVE. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: IDA DIXIE ROBNETT
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex: FEMALE | 5. Color or race: WHITE | 6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: APR. (Month) 30 (Day) 1864 (Year)

8. AGE: Years 84 | Months 0 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: COLUMBUS (City, town, or county) KY. (State or foreign country)
10. Usual occupation: HOUSEKEEPER
11. Industry or business ____
FATHER
12. Name: JOHN C. YANTIS
13. Birthplace: DK. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: MARTHA SCOTT
15. Birthplace: DK. (City, town, or county) (State or foreign country)
16. (a) Informant: MRS PHIL SMITH
(b) Address: WILLIAMSBURG, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: HILL-CREST FULTON
18. (a) Signature of funeral director: Glen Y. Maupin
(b) Address: 712 Court St. Fulton, Mo.
19. (a) 5-15-1948 (Date received local registrar) (b) Joyce Moranthoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 14 year: 1948 hour: 5:35 minute: 00 A.M.
21. I hereby certify that I attended the deceased from 5-26-13 19__ to May 14 19 48 that I last saw h. alive on May 14 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency (Coronary Thrombosis) — Duration: 2 years
Due to: Arteriosclerosis
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ 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) ____
(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. or other)
Address: Fulton Mo. Date signed: 5/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAY 25 1948
Date Filed

OCT 28 1959

JUL 2 1 1948

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 Theodore Skinner, Jr., Registered Apprentice No. 55, working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.