DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 6 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28266

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3268

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 9 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 6341 East 11th,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 67 years.

3. (a) PRINT FULL NAME Lee Alvin Yeamans 552

3. (b) If veteran, name war No

3. (c) Social Security No. 486-03-4716

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Dennis

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January (Month) 25 (Day) 1872 (Year)

8. AGE: Years 67 Months 6 Days 20 If less than one day ____ hr. ____ min.

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

10. Usual occupation Electrician

11. Industry or business Black Sivalls & Bryson Inc.

FATHER
12. Name Elijah Brunson Yeamans
13. Birthplace Illinois (City, town, or county) ____ (State or foreign country)

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

16. (a) Informant's own signature Margaret Yeamans
(b) Address 6341 East 11th.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director John P Sheil
(b) Address 6606 Independence Ave, K.C. Mo.

19. (a) 8/17/39 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1939 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Aug 10, 1939 to Aug 15, 1939 that I last saw him alive on Aug 15, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Central) Duration 8-14-39

Due to arterio-sclerosis

Due to ____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy as above

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 Chas. Nelson (M. D. or other) MD
Address 3606 Indep. ave Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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 Joe B Yoder, Registered Apprentice No. 233, working under my personal supervision.

Signed John P Shiel

Licensed Embalmer No. ~~25~~ 3625

P. O. Address K. City 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, above space should be left blank.