

Registration District No. 4Primary Registration District No. 3001Registrar's No. 41

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Stickler Hospital
 (If not in hospital or institution, write street number or location) /
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether
 In this community 35 years
 years, months or days)

3. (a) PRINT FULL NAME Isaac Yates3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
AMANDA K. YATES6. (c) Age of husband or wife if
alive 74 years7. Birth date of deceased April 16 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 10 4 hr. min.9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Minister11. Industry or business Religion12. Name Franklin Yates13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)14. Maiden name Rachel Street15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Isaac Yates(b) Address 602 S. Marion St.17. (a) Burial (b) Date thereof 2-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Park18. (a) Signature of funeral director Davis Funeral Home(b) Address Kirksville, Missouri19. (a) March 1/40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 602 S. Marion
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 20th
year 1940 hour 1:30 pm M.21. I hereby certify that I attended the deceased from Feb 15
1940, to Feb 20, 1940
that I last saw him alive on Feb 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary infarction

Duration

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? _____

3 While at work?

(Specify type of place)

23. Signature Dr Stickler (M. D. or other) 1Address Kirksville mo Date signed 2-24-40

RECEIVED

District Health Officer No. 10

District File Number 3-40-602

Date Filed MAR 12 1940

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.....

Harold A. Kujal

Licensed Embalmer No. 4076

P. O. Address Kirkville, 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.