No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34403

FILED NOV 12 1940

Registration District No. 399

1002

Primary Registration District No.

Registrar's No. 3919

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)

In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No. 1108 Admiral
(If rural, give location)

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

3. (a) PRINT FULL NAME: RICHARD L. YATES

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Elizabeth Yates

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: 1 - 25 - 1855 (Month) (Day) (Year)

8. AGE: Years 85 | Months 8 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or county): (State or foreign country): N. Carolina

10. Usual occupation: Coal Miner

11. Industry or business: Coal Mines

MOTHER FATHER

12. Name: Unknown

13. Birthplace (City, town, or county) (State or foreign country): Unknown

14. Maiden name: Unknown

15. Birthplace (City, town, or county) (State or foreign country): Unknown

16. (a) Informant: Thos. R. Perry

(b) Address: 5501 Jackson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-10-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Lexington Mo

18. (a) Signature of funeral director: Blackman

(b) Address: K.C. Mo.

19. (a) 10-10-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-10-40, 19__ to 10-7-40, 19__; that I last saw him alive on 10-7-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of mouth; pulmonary congestion and edema — Duration

Due to: 4d

Due to:

Other conditions (Include pregnancy within 3 months of death): Acute cardiac dilatation

Major findings:
Of operations:

Of autopsy: See 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: Duncan R. Thom (M. D. or other)

Address: Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 9639

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.