No. 2
1-4-41
17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24630

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 297

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days) 0
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne 111 0 0
(c) City or town Millsprings
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Eugene Yates
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 22 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
	3	6	hr. min.

9. Birthplace Wayne Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Gilbert Floyd Yates
13. Birthplace Jefferson Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name Dorothy Gladys Armstrong
15. Birthplace Wayne Co (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant G. E. Yates
(b) Address Mill Springs Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-29-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Carson Hill Cem.
18. (a) Signature of funeral director None
(b) Address
19. (a) 7/30/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour 6:00 minute P M.
21. I hereby certify that I attended the deceased from 7-27, 1941, to July 28, 1941; that I last saw him alive on July 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Broncho-pneumonia — Duration 7 days
Due to
Due to Pertussis — 4 weeks
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 P. S. Kreuter (M. D. or other) 0
Address Poplar Bluff Mo Date signed 7/9/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 841-10
Date Filed 8-6-41

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.

No. 2B
-3-21-41
I X29288

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. 24630

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 297

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community ~~life~~ 1 day
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Edward E. Yates
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months 3 | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 9-22-41 (Date received local registrar) (b) Belle Kime (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 28 Year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY