V. S. No. 2
M—11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18471

State File No.

FILED JUN 1 1 1943

Registration District No. 227

Primary Registration District No. 5800

Registrar's No. 95

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Rural. Jefferson Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stoutsville Mo. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 22 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69 0 0

(c) City or town Rural. (If outside city or town limits write "RURAL")

(d) Street No. Stoutsville Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Thomas Yates.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Dec (Month) 29 (Day) 1861 (Year)

8. AGE: Years 81 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer. Retired. 10 yrs

11. Industry or business

FATHER
12. Name Thomas R. Yates
13. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Agatha Greening
15. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ella Yates.

(b) Address Stoutsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 3 (Day) 1943 (Year)

(c) Place: burial or cremation St Andrew Cemetery Stoutsville

18. (a) Signature of funeral director Wilson & Son's

(b) Address Stoutsville Mo

19. (a) 5-1-43 (Date received local registrar) (b) Kathryn Teague (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-1-43 day year 1943 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from Nov 6 1938, to May 1st 1943; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 6 yrs

Due to Hypertension

Due to cardiac degeneration

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations None

Of autopsy None

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 Nellie G. Christman (M. D. or other) P.O.

Address Paris, Mo. Date signed 5/4/43

1274 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1026
Date Filed JUN 9 1943

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 By me, Registered Apprentice No., working under my personal supervision.

Signed Leslie L Wilson

Licensed Embalmer No. 3014

P. O. Address Allenton 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.