

24228

State File No. _____

 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Registrar's No. _____

Primary Registration District No. 5023
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

 FILED JUL 30 1943 4
 Registration District No. _____

1. PLACE OF DEATH:

- (a) County Atchison Co
 (b) City or town Rick Part - rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Clay Temp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

 In this community _____
 years, months or days

 3. (a) PRINT FULL NAME NATHAN EDWARD YARD.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married. Divorced. Widower

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

7. Birth date of deceased June 20 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 90 0 9 hr. min.

9. Birthplace St Joseph Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name unknown
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Rha Yard

- (b) Address Watson Mo

17. (a) Burial (b) Date thereof July 2 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Center House

18. (a) Signature of funeral director J. B. Bertram

- (b) Address Rick Part Mo

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Atchison 3
 (c) City or town Rick Part - rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
 year 1943 hour 11.00 minute A. M.

21. I hereby certify that I attended the deceased from
June 26 - 1943 to June 29, 1943
 that I last saw him alive on June 26 - 43, 19____;
 and that death occurred on the date and hour stated above.

- Immediate cause of death Senile decay. Duration _____

- Due to _____

- Due to _____

- Other conditions 162 lb
 (Include pregnancy within 3 months of death)

- Major findings:
 Of operations _____

- Of autopsy _____

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?

- While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. A. Gray (M. D. _____)
 Address Watson Mo. Date signed 6/30/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 M

Registered Apprentice No. _____

working under my personal supervision.

Signed J B Bertram

Licensed Embalmer No. 4024

P. O. Address Rock Port 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, fact should be so stated above.

Registration District No. 4 Primary Registration District No. 0023

1. PLACE OF DEATH:
(a) County... Atchison
(b) City or town... clayburg rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... (Specify whether
In this community... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Nathan Edward Yard
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 SW
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... Years
7. Birth date of deceased June 20 1900
(Month) (Day) (Year)

8. AGE: Years 90 Months Days min.

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

10. Usual occupation
11. Industry or business

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. (d) June 23 1943 (e) Mrs Herbert Townsend
(If he received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State... (b) County...
(c) City or town... (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...

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June year 1943 hour minute M. 9
21. I hereby certify that I attended the deceased from... 19...
that I have seen him... alive on... 19...
and that death occurred on the date and hour stated above.
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature... (M. D. or other)...
Address... Date signed...

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

8242-5