

FILED JUL 17 1943
Registration District No. 268

Primary Registration District No. 5898

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

1. PLACE OF DEATH:

(a) County azark
(b) City or town Richland, Mo.
(c) Name of hospital or institution: South West of Dora, Mo.
(d) Length of stay: In hospital or institution over 10 years
In this community over 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County azark
(c) City or town Rural
(d) Street No. near Dora, Mo.
(e) Citizen of foreign country? no
If yes, name country none

3. (a) PRINT FULL NAME James W. Yates

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Pamela 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov 26 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 17 If less than one day .hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Harley Yates

13. Birthplace unknown Missouri (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Jay Yates

(b) Address Dora, Missouri

17. (a) Burial (b) Date thereof June 14 43 (Month) (Day) (Year)

(c) Place: burial or cremation Bull Cemetery

18. (a) Signature of funeral director Wm. Clure

(b) Address Fairview, Mo.

19. (a) June 13 1943 (Date received local registrar) (b) Wm. Clure (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1943 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from January 13 1943 to June 10 1943; that I last saw him alive on June 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De Compensation

Due to Nephritis, Chronic

Due to Glomerular

Other conditions (Include pregnancy within 3 months of death) 131/2

Major findings: Of operations 131/2

Of autopsy 131/2

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 Wm. J. Newman (M. D. or other) DO
Address 614 1/2 / 1943 Date signed.....

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number

743-841

Date Filed

JUL 15 1943

Body Not Embalmed Not his wishes

DEC 4 1946

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

Laurence L Holl

Licensed Embalmer No.

2784

P. O. Address

Gainesville 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.