

No. 2
1-2-43
5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27698

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)

(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 65 years years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar
(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 LILLIE BELLE YATES

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased November 6 1865
(Month) (Day) (Year)

8. AGE:			If less than one day hr. min.
Years	Months	Days	
<u>77</u>	<u>9</u>	<u>11</u>	

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name William Vier

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

14. Maiden name Mary Gladden

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

16. (a) Informant Roy Yates
(b) Address Tulsa, Oklahoma

17. (a) Burial (b) Date thereof August 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) 8-17-43 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 12 1943 to Aug 13 1943
that I last saw her alive on Aug 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to Infirmities of old age

Other conditions 167
(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 Karl K. Gray (M.D. or other) D.O.
Address Lamar, Mo. Date signed 8-17-43

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

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

RECEIVED

District Health Officer No. 6;

District File Number 943-1031

Date Filed SEP 11 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.....

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

Signed Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.