

DEC 3 1943
 7/9

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4900

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
707 Wabash
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 707 Wabash
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME REUBEN EDWARD YANTIS
 3. (b) If veteran, name war No 3. (c) Social Security No. 703-03-8570

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 16
 year 43 hour 6:45 minute 0 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sue 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Nov. 25, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 11 21 _____ hr. _____ min.

Immediate cause of death Arteriosclerotic heart disease
 Duration _____

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

Due to _____
 Due to _____

10. Usual occupation Mail Clerk

Other conditions (Include pregnancy within 3 months of death) 93d

11. Industry or business K. C. Terminal Ry.

Major findings: Of operations _____

MOTHER FATHER { 12. Name Simeon Yantis
 13. Birthplace Ky.
(City, town, or county) (State or foreign country)
 14. Maiden name Eliza Anderson
 15. Birthplace Ky.
(City, town, or county) (State or foreign country)

Of autopsy Inquest & baby
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Sue Yantis
 (b) Address 707 Wabash

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Removal (b) Date thereof 11-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation La Monte, Mo.

(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? _____

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address 282 5 Independence Blvd., Kansas
 19. (a) 11-19-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

C. While at work? _____ (Specify type of place)
 (c) Means of transport _____
 City, Mo. _____
 23. Signature [Signature] (M. D. number) _____
 Address _____ Date signed 11/16/43

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

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.....

R. D. Blackman

Licensed Embalmer No. *3639*

P. O. Address *K. C. 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.