

FILED FEB 10 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 332

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:
710 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 62 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. 710 Wabash
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BETTIE YANTIS

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

4. Sex Fe. 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 March 13, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 5 hr. _____ min.

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

10. Usual occupation Retired School Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name John Q. 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)

16. (a) Informant Mrs. Reuben Yantis
(b) Address 1106 Norton

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/21/44
(Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) Jan 20, 1944 (Date received local registrar) (b) W. B. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 16, 1944 to January 18, 1944
that I last saw her alive on January 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Stroke
Pneumonia
Pneumonic influenza
& Senility
Due to _____
Due to _____

Duration

9 days

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy 33a

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? _____ (d) Means of injury _____

23. Signature J. Reed (M. D. or other) MD
Address 2433 Independence Ave Date signed 1-19-44

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.....

H. C. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

H. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.