

FILED NOV 29 1944

Registration District No. **376**

Primary Registration District No. **309**

1. PLACE OF DEATH: **St. Francois Co.**
 (a) County **St. Francois Co.**
 (b) City or town **Booneville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Boonerville Hosp.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **0** (Specify whether)
 In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **St. Francois**
 (c) City or town **Rural**
 (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 **Life**

3. (a) PRINT FULL NAME **Lewis Guy Yates**
 3. (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct** day **23**
 year **1944** hour minute **6 A.M.**

4. Sex **Male** 5. Color or race **white** (a) Single, widowed, married, divorced **w-2**
 6. (b) Name of husband or wife. (c) Age of husband or wife if alive years

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

7. Birth date of deceased **Sept 3 1868**
 (Month) (Day) (Year)

Immediate cause of death **1st + 2nd degree Burns** Duration **1 day**
 Due to **Burns**
 Due to **18 1/2**

8. AGE: Years **76** Months **1** Days **20** If less than one day hr. min.

Other conditions **Eczema lower Extremities**
 (Include pregnancy within 9 months of death)

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

10. Usual occupation **Mining**

11. Industry or business **St. Joseph Lead Co.**

12. Name **Lewis Yates**

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

14. Maiden name **Mary Carringer**

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

16. (a) Informant **Helena Yates**

(b) Address **Boonerville Mo.**

17. (a) **Burial** (b) Date thereof **Oct 28 44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **1007 Boonerville**

18. (a) Signature of funeral director **Spayke Mo.**
 (b) Address **Flat Run Mo.**

19. (a) **11-1-44** (b) **James Bohins**
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident 1944**
 (b) Date of occurrence **Oct 23, 1944**
 (c) Where did injury occur? **Boonerville Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? (Specify type of place) (e) Means of injury **Fire = gas**

23. Signature **J. Miller** (M. D. or other)
 Address **Boonerville** Date signed **10-31-44**

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

4
2
11

DEC 4 1944

RECEIVED

District Health Officer No. 4

District File Number 1144-4589

Date Filed 11-27-44

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 *Edward Sparks*

Licensed Embalmer No. 4287

P. O. Address Flat River, 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.