

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2035

FILED FEB 5 1945

Registration District No. 1

Primary Registration District No. 3-0-12-4128

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Missouri City, Mo.
(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 ✓
In this community All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Missouri City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE YATES

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23 year 1945 hour 4 minute - A.M.

21. I hereby certify that I attended the deceased from June 30, 1942 to Jan 23, 1945
that I last saw him alive on Jan 23, 1945 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Jerse Yates Sr. 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April 17 - 1866
(Month) (Day) (Year)

Immediate cause of death General Arterio sclerosis Duration 15 yrs

Due to _____

Due to 97

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 8 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Ray Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Callet O'Dell

13. Birthplace Ray Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sophia O'Dell

15. Birthplace Ray Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Yates

(b) Address Missouri City, Mo

17. (a) Rural (b) Date thereof Jan 25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri City, Mo

18. (a) Signature of funeral director Chas. J. Archure

(b) Address Liberty, Mo

19. (a) 1-23-45 (b) Mrs. Lada Pedman
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury 0

23. Signature Newton Malley (M. D. or other) M.D.
Address Liberty Mo Date signed 1-23-45

1166 (Licensed Embalmer's Statement on Reverse Side)

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

400

RECEIVED

District Health No. 8

District File Number

Date Filed

2-2-75

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 Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.