S. No. 2
M—5-42
v. 5-17-39
P I X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2276

State File No.

FILED FEB 3 1945

Registration District No. ~~126~~ 130 Primary Registration District No. 5463 A Registrar's No. 68

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 746 E. Walnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: George Burton Yates
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Yates
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years 30 | Months | Days | If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
10. Usual occupation: Flying Instructor
11. Industry or business:
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Mary Yates
(b) Address: Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Burlington, Ky.
18. (a) Signature of funeral director: H.H. Lohmeyer Funeral Home
(b) Address: 458 E. Walnut, Springfield, Mo.
19. (a) 1/15/45 (Date received local registrar) (b) Garland Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1945 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from no physician attendance, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Crushing injury of chest. — Duration
Due to: Aeroplane falling
Due to:
Other conditions (Include pregnancy within 3 months of death): 173 34
Major findings: Of operations:
Of autopsy:

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): Accident
(b) Date of occurrence: Jan 11, 1945
(c) Where did injury occur? Green Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the country Woods (Specify type of place)
While at work? Yes (e) Means of injury Aeroplane
23. Signature: C. Stone Coroner (M. D. or other) 3
Address: Springfield Mo. Date signed 1-12-45

1246

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1945

MAY 14 1945

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 Paul F. Johnson

Licensed Embalmer No. 2457

P. O. Address Springfield Ill

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.