. No. 2
I—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3697

Registration District No. 2 18 — Primary Registration District No. 3054 — Registrar's No.

1. PLACE OF DEATH
(a) County Pike
(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mineral Springs Hosp O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 MONTHS 28 DAYS (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Louisiana 2 (If outside city or town limits, write "RURAL")
(d) Street No. 515 1/2 Georgia 1 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MISS EMMA NEAL YATES
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
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 January 15 1863 (Month) (Day) (Year)
8. AGE: Years 82 Months 11 Days 1 If less than one day hr. min.
9. Birthplace Caldwell Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Home maker
11. Industry or business
MOTHER FATHER
12. Name B Yates
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Margaret Garrett
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Margaret Heimbrooke
(b) Address 807 E 48 Kansas City Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation W 1/2 Lot 1 Blk 25 3rd addn Riverview Cemetery
18. (a) Signature of funeral director Joe Mary Mortuary
(b) Address Louisiana Mo
19. (a) 12/16/45 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1945 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 18 1945 to Dec 14 1945, that I last saw him alive on Dec 14 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma sigmoid colon — Duration 9 months
Due to
Due to
Other conditions (Includes pregnancy within 3 months of death)
Major findings: Of operations None
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)
(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? (e) Means of injury
23. Signature G. L. Bigger (M. D. or other) DO
Address Louisiana Date signed Dec 14

(Licensed Embalmer's Statement on Reverse Side)

J. A. Yates - 100 West

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

100725

RECEIVED
District Health Officer No. 10
District File Number 1-46-179
Date Filed JAN 25 1946

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 George O. Wagner, Registered Apprentice No. ..... working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.