No. 2
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5-17-39
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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

State File No. 23357

FILED JUL 29 1948

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 592

1. PLACE OF DEATH:
(a) County Greene County
(b) City or town Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Osteopathic Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GREENE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. WILLARD MO. R#2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NANCY JANE YATES
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Walter J.W. YATES
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased SEPTEMBER (Month) 11 (Day) 1884 (Year)

8. AGE: Years 61 Months 10 Days 1 If less than one day ___hr. ___min.

9. Birthplace Ellsworth County (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name GLENN A. FOWLER
13. Birthplace UNK. (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name EMILY D. MEYERS
15. Birthplace UNK. (City, town, or county) OHIO (State or foreign country)
16. (a) Informant Mrs Ray Grantham
(b) Address Willard Mo. R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation BALL KNOB CEMETERY OZARK COUNTY
18. (a) Signature of funeral director Gene A. Brum
(b) Address Walnut Grove Mo.
19. (a) 7-13-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1946 hour 4:00 minute 40 P.M.
21. I hereby certify that I attended the deceased from July 11, 1946 to July 12, 1946
that I last saw her alive on July 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Post Surgical Shock

Due to ~~Hydra~~

Due to

Other conditions 133a
(Include pregnancy within 3 months of death)

Major findings: Of operation Pyonephrosis (Nephrectomy)
Of autopsy

Duration

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 William C Wetzel Dr (M.D. or other)
Address Springfield Mo. Date signed 7-12-1946

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1946

JUL 30 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Warren D. Noblitt

Licensed Embalmer No. 4005

P. O. Address. Oak Grove, 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.

X