

FILED MAR 3 1947
Registration District No. 2479

Primary Registration District No. 1372

Registrar's No. 2837

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Burlington Junction
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community all his life
years, months or days)

3. (a) PRINT FULL NAME George Albert Yates

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nina Jones 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 13 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Insurance Business

11. Industry or business _____

12. Name Jared Yates

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

14. Maiden name Iowa Hiles

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

16. (a) Informant Mrs George Yates

(b) Address Burlington Jct Mo

17. (a) burial (b) Date thereof Feb 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Gemetery

18. (a) Signature of funeral director _____

(b) Address Burlington Jct Mo

19. (a) 2/21/47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway 74
 (c) City or town Burlington Jct 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ 0
(If rural, give location)
 (e) Citizen of foreign country? no 0
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 16 Year 1947
hour 10:55 minute 0 P.M.

21. I hereby certify that I attended the deceased from Dec 15, 1946 to Feb 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chromary occlusion
Duration _____
Due to Myopathy of prostate

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

Major findings:
 Of operations 137A
 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? 0

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature B. F. Byland (M. D. or other) MD
Address Burlington Jct Mo Date signed 2/17/47

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....
J. H. Mann

Licensed Embalmer No. *2968*

P. O. Address *Burlington, 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.