

S. No. 2
M-5-43
7. 5-17-39
D I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10179**

FILED APR 14 1947
Registration District No. **281**

Primary Registration District No. **4384**

Registrar's No. **10**

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

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Skidmore**
(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: _____ (Specify whether
In this community **Six Years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway** **74**
(c) City or town **Skidmore** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. ----- (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country **None**

3. (a) PRINT FULL NAME **JOHN TAYLOR 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 **Widowed**
6. (b) Name of husband or wife **Martha Ann (Dec)** 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased **August 1, 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 0 hr. - - - min.

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

10. Usual occupation **Farmer-Retired**

11. Industry or business **None**

12. Name **Griffin Yates** **9**

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

14. Maiden name **Laurinda Logan** (State or foreign country)

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

16. (a) Informant **Mae Doran**

(b) Address **Skidmore, Mo.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **4/3/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Miriam Cemetery**

18. (a) Signature of funeral director **Free Funeral home**

(b) Address **120 E. 1st, Maryville, Mo.**

19. (a) 4/12/47 (Date received local registrar) (b) **Bess Halt** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **April** day **1** year **1947** hour **2** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **2-20-47** to **3-31-47**
that I last saw him alive on **3-31-47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **932**

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?

While at work? (Specify type of place) (e) Means of injury **2)**

23. Signature **F. B. Taylor** (M. D. or other) **10**

Address **Skidmore, Mo.** **Date signed** **4-2-47**

**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.....

W. L. Gee

Licensed Embalmer No.....

2539

P. O. Address.....

Marionville 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.