

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14298

State File No. _____

Registration District No. 227

Primary Registration District No. 4340

Registrar's No. 31

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town STOUTSVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
STOUTSVILLE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 87 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

(c) City or town STOUTSVILLE 2
(If outside city or town limits, write "RURAL")

(d) Street No. STOUTSVILLE 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME ROBERT A. YATED

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 Francis L. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 1 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 6 27 hr. min.

9. Birthplace STOUTSVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER (RETIRED)

11. Industry or business _____

MOTHER FATHER

12. Name THOMAS R. YATES

13. Birthplace MONROE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name EDITH GREENING

15. Birthplace MONROE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Galla Yates

(b) Address Stoutsville Mo

17. (a) BURIAL (b) Date thereof 4/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. ANDREWS STOUTSVILLE

18. (a) Signature of funeral director WILSON'S SONS

(b) Address Monroe City Mo

19. (a) 4-29-47 (b) Ellen Baker M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28th
year 1947 hour 6 minute 45A. M.

21. I hereby certify that I attended the deceased from 1936
2 _____, 19____, to April 28, 1947
that I last saw him alive on April 27 - 8 P.M., 47
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration N.T.

Due to and Ludwig's decomposition

Due to and nephritis - chronic

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

Major findings:
Of operations _____

Of autopsy _____

931B

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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? 2

(Specify type of place) _____

While at work? _____ (b) Means of injury _____

23. Signature Mellis S. Christman M.D.
Address P. O. Box No. 30-194
Date signed _____

5-5-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 62-47-852
Date Filed MAY 14 1947

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 me

working under my personal supervision.

Registered Apprentice No. _____

Signed Leone A. Wilson

Licensed Embalmer No. 3014

P. O. Address Lebanon, Ky. 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.