

FILED JUN 17 1947

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 188

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

1. PLACE OF DEATH:

(a) County St. Clair HENRY

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

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

(d) Length of stay: In hospital or institution 3 days  
Most of Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Hughes Yates

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Yates

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 18 1877  
(Month) (Day) (Year)

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

69 4 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William Yates

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

14. Maiden name Elizabeth Ashbury

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

16. (a) Informant Alice Yates

(b) Address Osceola Missouri

17. (a) Burial (b) Date thereof 5-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Mound

18. (a) Signature of funeral director Osceola funeral home

(b) Address Osceola Missouri

19. (a) 6-14-47 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Osceola (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1947 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from 4/26 1947, to 4/29 1947,  
that I last saw him alive on 4/29 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Jularemia

Due to infection

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g. u.

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature R. M. [unclear] (M.D. or other) 4/29/47

Address Osceola, Mo. Date signed \_\_\_\_\_

Duration

3-4 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7,  
5-47-228  
District File Number 6-16-47  
Date Filed

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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. B. ...*

.. Licensed Embalmer No. *3038*

P. O. Address..... *... Md*

**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.**