. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21271

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2473

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 10 da. (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3807 Terrace 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. JENNIE S. YATES
3. (b) If veteran, name war xx
3. (c) Social Security No. None
4. Sex Fe 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William C. Yates
6. (c) Age of husband or wife if alive xx years
7. Birth date of deceased September (Month) 24 (Day) 1861 (Year)

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

9. Birthplace West Andover (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Dwight Carpenter 9
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace " " (City, town, or county) (State or foreign country) 9
16. (a) Informant C.C.Yates 1
(b) Address 3807 Terrace
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) 6-5-47 (Date received local registrar) A Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2d
year 1947 hour 10:05 minute P. M.
21. I hereby certify that I attended the deceased from Apr. 21, 1947, to June 2, 1947
that I last saw her alive on June 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Sclerosis
Due to 186 a 18
Other conditions Fracture of hip Apr 21st 1947
(Include pregnancy within 3 months of death)
Major findings: Of operations Fracture femur
Of autopsy Sclerosis senile

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) accident 123
(b) Date of occurrence Apr. 21, 1947
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell while walking across floor in her appt.
(Specify type of place)
While at work? no (e) Means of injury
23. Signature V Lewis Hess (M. D. or other) 0
Address 1207 Rialto Bldg Date signed 6/4/47

(Licensed Embalmer's Statement on Reverse Side)

Rivalto
V-2262

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City M

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.