. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1947

Registration District No. 324

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 40591

Registrar's No. 230

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Fitzgibbons Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community 6 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Nelson 0
(If outside city or town limits, write "RURAL")
(d) Street No. No. name on record. 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Inabelle Yates
3. (b) If veteran, name war #
3. (c) Social Security No. 540-22-0958
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Raymond L. Yates
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased April (Month) 29 (Day) 1918 (Year)

8. AGE: Years	Months	Days	If less than one day
29	6	18	hr. min.

9. Birthplace Nelson (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business " "
FATHER
12. Name August Petry
13. Birthplace Boonville (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Lottie May Trout
15. Birthplace Nelson (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Raymond L. Yates
(b) Address Nelson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Cemetery
18. (a) Signature of funeral director J. Leslie Surrey
(b) Address Marshall, Mo.
19. (a) Nov-18-1947 (Date received local registrar) (b) Sidney T. Fridy (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 17 year 1947 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct 20, 1947 to Nov 17, 1947 that I last saw her alive on Nov 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia	Duration
Due to Chronic Glomerulo-Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. A. Reed (M. D. or other)
Address Marshall Mo Date signed 11-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-1-47

JUN 7 1948

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 Marvin V. Newton, Registered Apprentice No. 51, working under my personal supervision.

Signed J. Leslie Surmay
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.