No. 300
M—10-47
5-17-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 29 1948

Registration District No. 280

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13661

Primary Registration District No. 4417

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: 3 Fair
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Tracy 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country ____

3. (a) PRINT FULL NAME Harvey Scott Yates

3. (b) If veteran, name war ____

3. (c) Social Security No. 500-07-7500

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased October (Month) 6 (Day) 1886 (Year)

8. AGE: Years 61 | Months 6 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Platte City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation laborer

11. Industry or business ____

FATHER
12. Name John S. Yates
13. Birthplace ____ (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name Martha Timberlake
15. Birthplace ____ (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Melvin Yates
(b) Address Kansas City, Mo. 4-13-48

17. (a) burial (Burial, cremation, or removal) (b) Date thereof [redacted] (Month) (Day) (Year)
(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Rollins & Mitchell
(b) Address Platte City, Missouri

19. (a) 4-14-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature) 01 5 09

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1948 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Accidental Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83
Of autopsy 1 26

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 83
(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 ____

23. Signature Tom H. Hulett coroner 3 (M.D. or other)
Address Platte City Mo Date signed [redacted]

4-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-28-48

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. H. Brill

Licensed Embalmer No. 832

P. O. Address Weston 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.

S. No. 2B
M—3-45
DX43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 280 Primary Registration District No. 7417 Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Platte

(b) City or town: Tracy
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harvey C. Yater

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Div

6. (b) Name of husband or wife

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

7. Birth date of deceased: Feb (Month) 6 (Day) 1887 (Year)

8. AGE: Years 61 Months 8 Days Unless than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 9 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to: Accidental Drowning

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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): accident

(b) Date of occurrence: 3-2-48

(c) Where did injury occur? PLATTE RIVER PLATTE MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Platte River
(Specify type of place)

While at work? Fishing (e) Means of injury: Drowning

23. Signature: Tom H. Hulett Coroner (M.D. or other)

Address: Platte City Mo Date signed: 3-5-48

SUPPLEMENTARY

S-13661