S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19733

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2526

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

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:
5437 TROOST AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - -
(Specify whether
In this community 12 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 5437 TROOST AVENUE
(If rural, give location)

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

If yes, name country - - -

3. (a) PRINT FULL NAME MR. ELIAS GARLAND YARBROUGH

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. CAROLINE YARBROUGH

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased DECEMBER (Month) - 1 (Day) - 1883 (Year)

8. AGE: Years 64 Months 6 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace HUNTSVILLE (City, town, or county) AR-KANSAS (State or foreign country)

10. Usual occupation BARBER PARTNER

11. Industry or business STANFILLY ARTISTIC BARBER SHOP

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

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

16. (a) Informant MRS. CAROLINE YARBROUGH

(b) Address 5437 TROOST AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-15-1948 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD. K.C. MO.

19. (a) 6-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 13TH year 1948 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from April, 1946, to June 13, 1948; that I last saw him alive on June 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Hypertension	
Due to chronic alcoholism	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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)

(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 H. F. Grammes (M. D. or other) D.D.

Address 102 E 47th K.C. Mo. Date signed 6/4-48

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 14 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.