S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1942

Registration District No. 385

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 38256

State File No. 14484

Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Willow Springs (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 In this community years, months or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town Willow Springs (If outside city or town limits, write "RURAL") 0
(d) Street No. Rt 3 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Howard Wirt Yates
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 M

6. (b) Name of husband or wife Vera Yates | 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 2 (Month) 5 (Day) 1887 (Year)

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jno D Yates
13. Birthplace Canada (City, town, or county) ? (State or foreign country)

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

16. (a) Informant Vera Yates
(b) Address Willow Springs, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 4-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation O K Layton

18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo

19. (a) 5-4-42 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

20. DATE OF DEATH: Month 4 day 25
year 1942 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from 4-2 1942 to 4-25- 1942 that I last saw h i M alive on 4-25 1942 and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

	Duration
Immediate cause of death: Cerebral Hemorrhage	12 hrs.
Due to: Hypertension	
Due to: Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 93d	
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)
(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 O'Callihan (M. D. or other)
Address Willow Springs, Mo Date signed 5-1-42

345 (Licensed Embalmer's Statement on Reverse Side)

Callahan

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 Dorothy D Roberts

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.