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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1940

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31067

Registrar's No. 3630

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: 2930 Tracy Avenue (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 40 Years

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. 2930 Tracy Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Mr. William Arthur Yates

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Goldie Ann Yates

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 16, 1863 (Month) (Day) (Year)

8. AGE: Years 77 76 | Months -- | Days 30 | If less than one day ___ hr. ___ min.

9. Birthplace Metcalf County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Clothing Business --Self

11. Industry or business Lawrence, Kansas

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

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

16. (a) Informant Herbert E Yates

(b) Address 3900 Holmes Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer & Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Sept. 16, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from June 29th 1940, 19__, to Sept. 15th, 1940; that I last saw him alive on Sept. 14, 1940, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF LARYNX	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Drury R. Thorn (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

Yates

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.