

Registration District No. 637Primary Registration District No. 3748Registrar's No. 7

1. PLACE OF DEATH:

(a) County Mercer
 (b) City or town Madison
 (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 2
 In this community 4 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME George A. Yates8. (b) If veteran,
name war8. (c) Social Security
No.4. Sex Male
5. Color or race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
Rachel Yates6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased March 2 1864
(Month) (Day) (Year)8. AGE: Years 76 Months 4 Days 24
If less than one day
hr. _____ min.9. Birthplace Mercer Co.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer
Industry or business 112. Name William Yates18. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Margaret Miller15. Birthplace Ind.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature M. H. Yates(b) Address Cainsville, Mo.17. (a) Burial (b) Date thereof July 27-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Goshen18. (a) Signature of funeral director Martin Funeral Home(b) Address Princeton, Mo.19. (a) July 28 (b) Mrs C. Lund Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. East of Princeton, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 19 minute 30 a M.21. I hereby certify that I attended the deceased from July 26
1940 to July 26 1940
that I last saw h. was dead when I arrived, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Mitral Regurgitation
Had not been sick
at times complained of
difficult breathing.

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
493 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature B. Sellers (M. D. or other)
Address Mo. Moriah Mo. Date signed _____

840820

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..... *H. Ivan Martin*

Licensed Embalmer No. *3760*

P. O. Address *Ringwood, N.J.*

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, above space should be left blank.