

2
3-40
7-39
K23159

Registration District No. **ONE OCT 23 1940**

Primary Registration District No. **5747**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County Mercer County
(b) City or town Washington Township
(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

3. (a) PRINT FULL NAME Mary Frances Yates
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased: August 30 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 19 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Eliza Yates | 1
13. Birthplace Kentucky | 1
(City, town, or county) (State or foreign country)
14. Maiden name Wales
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall Yates

(b) Address Mill Grove, Missouri

17. (a) Burial (b) Date thereof Sept 19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina

18. (a) Signature of funeral director Neil Moss

(b) Address P.O. Salina, MO

19. (a) Sept 19 (b) Mrs. Claud Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Mill Grove, MO
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9/17-40
to 9/18-40, 19____, to Sept 19-1940, 19____;
that I last saw her alive on Sept 17-40
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dysentery
Botulism

Due to _____

Due to Sensitivity 12/10

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

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 J M Perry (M. D. _____)
Address Salina, MO Date signed 9/18-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1918
1919
1920
1921
1922
1923
1924
1925
1926
1927
1928
1929
1930
1931
1932
1933
1934
1935
1936
1937
1938
1939
1940
1941
1942
1943
1944
1945
1946
1947
1948
1949
1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

1918
1919
1920
1921
1922
1923
1924
1925
1926
1927
1928
1929
1930
1931
1932
1933
1934
1935
1936
1937
1938
1939
1940
1941
1942
1943
1944
1945
1946
1947
1948
1949
1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

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 Mrs

....., Registered Apprentice No.
working under my personal supervision.

Signed Harold Moss

Licensed Embalmer No. 2634

P. O. Address Pinetown 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.