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13-40  
7-39  
X23153

Registration District No. 3187

Primary Registration District No. 2001

Registrar's No. 886

1. PLACE OF DEATH 12 1940  
 (a) County GREENE  
 (b) City or town Springfield  
 (c) Name of hospital or institution: Surge Hosp.  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 4 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Greene  
 (c) City or town Springfield  
 (d) Street No. 795 W. Elm  
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME LARRY ALAN YATES

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 Single  
 6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased Oct 27 1940

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>4</u>	<u>hr. min.</u>

9. Birthplace Springfield Mo.

10. Usual occupation Infant

11. Industry or business Infantry

12. Name George A. Yates

13. Birthplace Unknown Mo.

14. Maiden name Ellen

15. Birthplace Unknown Ill

16. (a) Informant George A. Yates

17. (a) Removal Removal Date thereof Nov. 2 - 1940

18. (a) Signature of funeral director W. E. Handley

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month Oct day 31 year 1940 hour 7 minute 40 A M.

21. I hereby certify that I attended the deceased from 10-28-40 to 10-31-40 that I last saw him alive on 10-31-40 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia - primary cause

Due to SI  
Due to 10/31  
Other conditions (includes pregnancy within 3 months of death) 10/31

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

23. Signature W. E. Handley (M. D. or other) MD  
Address Springfield Mo Date signed 10-31-40

Duration 12  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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.....

*J. B. Klingner*

Licensed Embalmer No. ....

*3358*

P. O. Address.....

*Springfield*

**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.**