

FILED OCT 27 1941
Registration District No. 2

Primary Registration District No. 206

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Whitesville Phase
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 79 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Whitesville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Cornelia Yates

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3-23-1862
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Whitesville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Steven Decator Gibbs
13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Korona Bailey

15. Birthplace 1 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leg Yates
(b) Address Whitesville mo

17. (a) B (b) Date thereof 9-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Whitesville

18. (a) Signature of funeral director E. C. Greer
(b) Address Savannah mo

19. (a) Sep 28 1941 (b) Mrs E. C. Jefferies
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1941 hour 1 minute 10 A. M.
21. I hereby certify that I attended the deceased from 9-6
_____, 1941 to 9-26, 1941
that I last saw her alive on 9-25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Parasitoma of stomach

Due to _____
Due to _____

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

Major findings: H6
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Dr. V. A. Wilson (M. D. certificate)
Address Boonville mo Date signed 9-27-41

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

RECEIVED

District Health Officer No. 10

District File Number.....

Date Filed

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Javannah 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.