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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

ED JUL 24 1943 46

Registration District No.

Primary Registration District No. 3026

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
730 N. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 730 N. Main St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Agnes Yeats

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 9, 1942
_____, 19____, to June 2, 1943;
that I last saw her alive on May 26, 1943;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harry Yeats 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug 15 1893
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

8. AGE: Years Months Days If less than one day

49 9 18 hr. min.

Due to Arterial Hypertension?

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

10. Usual occupation Social worker

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name John Brady

13. Birthplace Indep
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Bulahwaller

15. Birthplace Indep Mich
(City, town, or county) (State or foreign country)

16. (a) Informant Bernadette Brady

(b) Address 130 E College

17. (a) Burial (b) Date thereof June 5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mark Cemetery

18. (a) Signature of funeral director Att + Mitchell

(b) Address Independence, Mo

19. (a) 6-5-1943 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ohio J. Grasse (M. D. or other) _____

Address Independence, Mo. Date signed 4/3/43

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

1163

FEB 1 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.