

Registration District No. 157

Primary Registration District No. 5582

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage Rural - Jackson Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jasper County Farm 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
 (If outside city or town limits, write "RURAL")
 (d) Street No. Jasper County Farm
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME John Burl Yates

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased June 1 1938
 (Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Chanute Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business ---

12. Name Yates

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

14. Maiden name unknown

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

16. (a) Informant County Farm Records

(b) Address Carthage, Mo.

17. (a) Burial (b) Date thereof July 23, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) July 23 '43 (b) Elizabeth Couplins
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
 year 1943 hour 4 minute am

21. I hereby certify that I attended the deceased from June 1 1943 to July 20 1943
 that I last saw him alive on July 19 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart failure with regurgitation

Due to Myocardial heart failure with regurgitation

Due to ---

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 928

Of autopsy ---

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

23. 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 R. A. Webster (M. D. county)

Address Carthage Mo Date signed July 24, 43

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

49
00

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

43-7-649

AUG 20 1943

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. 391

P. O. Address Carhage

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.