

X36671

FILED OCT 7 1946

Registration District No. **236**

Primary Registration District No. **5819**

Registrar's No. **38**

1. PLACE OF DEATH:

(a) County **Morgan**
(b) City or town **Gravois Mills Rural**
(c) Name of hospital or institution: **Rural 3**
(d) Length of stay: In hospital or institution **Seven Days**
In this community **Seven Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **11805 Robert St.**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME

Arthur Amos Yates

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **W.**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Willie Powell Yates**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **June** (Month) **1877** (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	3	11	hr. min.

9. Birthplace **Unknown Missouri**

10. Usual occupation **Retired**

11. Industry or business **None**

12. Name **Amos Yates**

13. Birthplace **Unknown Missouri**

14. Maiden name **Harriet Foster**

15. Birthplace **Unknown Missouri**

16. (a) Informant **W. G. Morris**

(b) Address **Gravois Mills, Mo.**

17. (a) **Removal** (b) Date thereof **Sept. 20-46**

(c) Place: burial or cremation **Independence**

18. (a) Signature of funeral director **W. G. Morris**

(b) Address **Cassville, Mo.**

19. (a) **9-21-46** (b) **J. L. Washburn**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20** year **1946** hour minute M.

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

Immediate cause of death **Coronary Thrombosis 2nd attack 12/9/6/44.**

Due to
Due to
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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?
(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 **Rich L. Inders** Address **Cassville Mo.** Date signed **9/21/46.**

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

29830

RECEIVED

Dir. for Health Officer No. 71

District file No. 9-46-995-

Date Filed 10-4-46

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 W. F. Cunnell

Licensed Embalmer No. 1596

P. O. Address Wesleyville, 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.