No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24445
Registrar's No. 2969

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital ~~or institution~~: RESEARCH HOSPITAL
(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)
In this community: UNKNOWN

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No.: 803 1/2 WEST 39TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----

48
3
8
0

3. (a) PRINT FULL NAME: EDWARD C 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: WIDOWED
6. (b) Name of husband or wife: Mrs. LULA NORVELL YATES
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: OCTOBER (Month) 17 (Day) 1872 (Year)

8. AGE: Years 74 | Months 8 | Days 23 | If less than one day: hr. min.

9. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation: CONTRACTOR
11. Industry or business: BUILDING

FATHER
12. Name: THOMAS BENTON YATES
13. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ELIZABETH HALSTEAD
15. Birthplace: BROOKVILLE INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant: MISS NINA GORDON YATES
(b) Address: 803 1/2 WEST 39TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 12 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: ELMWOOD CEMETERY
18. (a) Signature of funeral director: O.N. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD
19. (a) 7-12-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JULY day: 10TH year: 1947 hour: ---- minute: ---- A.M.

21. I hereby certify that I attended the deceased from Aug 14, 1946 to 7-10-47, 19..; that I last saw him alive on 7-10-47, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	
Due to: Chr Myocarditis	
Due to:	
Other conditions: Pt Renal Calculus (operated) (Include pregnancy within 3 months of death)	
Major findings: Of operations: 1342	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: T. E. McMillan (M. D. ~~or other~~)
Address: 1019 Professional Bldg Date signed: 7-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1019 Professional Bldg.
3.

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 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.