No. 2
2-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4194

Registration District No. 53 Primary Registration District No. ~~578~~ 3010 Registrar's No. 72

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs (Specify whether
In this community 8 hrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Carlisle 997
(c) City or town Bardwell 15
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME JAMES MALCOLM YATES
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 22 (Day) 1928 (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	7	12	hr. min.

9. Birthplace Carlisle County (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation Cook & Waiter
11. Industry or business Restaurant
FATHER
12. Name James Neal Yates
13. Birthplace Carlisle County (City, town, or county) Ken (State or foreign country) 1
MOTHER
14. Maiden name Beatrice Wood
15. Birthplace Carlisle Co (City, town, or county) Kentucky (State or foreign country) 1
16. (a) Informant James Neal Yates
(b) Address Bardwell Ken
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bardwell Cemetery Ky
18. (a) Signature of funeral director S. J. Boshear
(b) Address Bardwell Ky
19. (a) 3-4-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1948 hour 1 minute 05 p. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Basal Skull Fracture & Cranial Damage	
Due to a Collision of the car in which he was riding & driving with another	
Due to car while trying to pass on a hill	
Other conditions (Include pregnancy within 3 months of death)	
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) Accident 115
(b) Date of occurrence March 4, 1948
(c) Where did injury occur? Cape Girardeau (City or town) Cape (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On U.S. Highway 61 - 4 Miles west of Cape Girardeau (Specify type of place)
While at work? No (e) Means of injury Auto Mo.
23. Signature Dr. J. F. Sigmund (M. D. or other) Coroner 3
Address Jackson Mo. Date signed 3/4/48

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1949

RECEIVED

Health Officer No. 4

Number 348-32

3-8-48

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

Not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed H. L. Parker

Licensed Embalmer No. 1565

P. O. Address Bardstown, Ky

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.