S. No. 2
M—1/47
. 5-17-39

18
3

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 24 1948

Registration District No. 3-8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4087

State File No. 8114

Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Carter
(b) City or town: Van Buren
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Carter 18
(c) City or town: Van Buren 3
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: William Henry Yates
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 28 (Day) 1870 (Year)

8. AGE: Years 77 | Months 3 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Piedmont, Mo. (City, town, or county) U (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: .....

MOTHER FATHER
12. Name: Malcolm Yates
13. Birthplace: Mo. (City, town, or county) U (State or foreign country)
14. Maiden name: Jane Ketchum
15. Birthplace: Knoblick (City, town, or county) Mo. U (State or foreign country)

16. (a) Informant: Mrs. Della House
(b) Address: Van Buren, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Houses Creek
18. (a) Signature of funeral director: Phil A. Leuckel
(b) Address: Van Buren Mo.
19. (a) Feb. 28-48 (Date received local registrar) Mrs Octa Henson (Registrar's signature) 50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1948 hour 12 minute 45A M.
21. I hereby certify that I attended the deceased from occasionally for 25 yrs. to Feb. 18th, 1948 that I last saw him alive on Feb. 17th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General debility,	
Due to: Fibroid Phthisis and advanced age.	20 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 3 B
Of autopsy: 1

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: .....

23. Signature: T. R. Cotton (M. D. ~~or other~~)
Address: Van Buren Date signed: 2/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 348190
Date Filed 3-20-48

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 2-18-48 ....., Registered Apprentice No....., working under my personal supervision.

Signed Phil A. Lenchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Ind.

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.