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FILED OCT 7 1948

State File No.

Registration District No.

Primary Registration District No. 3012

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three Days
(Specify whether years, months or days)

In this community Three Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray ⁸⁹
₀

(c) City or town Orrick
(If outside city or town limits, write "RURAL") ₁

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dorothy Louise Yates

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1948 hour 5 minute 4 PM.

21. I hereby certify that I attended the deceased from July 23 1948 to Sept 17 1948
that I last saw him alive on Sept 17 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ernest Yates Jr.

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: May 23 1923
(Month) (Day) (Year)

Immediate cause of death: Circulatory Collapse ^{Duration} 2 days

Due to Sub acute atrophy of liver ^{Duration} 2 months

Due to Etiology Unknown

8. AGE: Years Months Days If less than one day

35 3 24 hr. min.

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1250

Of autopsy as above

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Floyd Ross

{ 13. Birthplace Orrick Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Edith Clevenger

{ 15. Birthplace Orrick, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Ross

(b) Address Orrick, Mo.

17. (a) Burial (b) Date thereof Sept-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point Cem.

18. (a) Signature of funeral director B. W. Good

(b) Address Orrick, Mo.

19. (a) 9/17/48 (b) Baroline Hutchings
(Data received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature [Signature] (M. D. or other) MD.

Address Excelsior Springs, Mo. Date signed 9-17-48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-6-48

95821

AUG 21 1948

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 *Lain Quest*

Licensed Embalmer No. 4096

P. O. Address *Richmond, 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.