

FILED

AUG 4 1945

STANDARD CERTIFICATE OF DEATH

State File No.

3081

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH

JACKSON

(a) County JACKSON
(b) City or town KANSAS CITY, MO.
(c) Name of hospital or institution: HOME 3817 MICHIGAN
(d) Length of stay: In hospital or institution 3 1/2 Years
In this community 3 1/2 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 3817 MICHIGAN
(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME WILLIAM ROBISON 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 MARRIED
6. (b) Name of husband or wife MARY BUCHANAN 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept. 23, 1884

8. AGE: Years 60 Months 9 Days 29 If less than one day

9. Birthplace PLATTE COUNTY MO.

10. Usual occupation MERCHANT

11. Industry or business GENERAL COUNTRY STORE

12. Name WILLIAM YATES
13. Birthplace KY.
14. Maiden name SARAH M. LAFOON
15. Birthplace CLAY COUNTY MO

16. (a) Informant BILLIE JANE YATES
(b) Address 3817 Michigan, K.C. MO.

17. (a) BURIAL (b) Date thereof 7/23/45
(c) Place: burial or cremation RIDGELEY CEMETERY PLATTE CO. MO.

18. (a) Signature of funeral director No Cowas Funeral Home
(b) Address Smithville, MO.

19. (a) 7-23-45 (b) M. Madeline Holms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day JULY year 1945 hour 3:30 minute 8 M.

21. I hereby certify that I attended the deceased from July 19, 1945, to July 22, 1945; that I last saw him alive on July 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Essential Hypertension

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83 cm
Of autopsy

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) (c) Means of injury

23. Signature C. S. Swann (M. D. or other) Address 3548 Indiana - K.C. Mo Date signed July 22

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *S. A. McCowan*

Licensed Embalmer No. *2303*

P. O. Address..... *Smithville, 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.