S. No. 2
0M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34114

FILED OCT 17 1946

Registration District No. 87 Primary Registration District No. 3040 Registrar's No. 112

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 903 Locust Street (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 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No. 111 School Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME James Wendel Yates
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Yates
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased December (Month) 16 (Day) 1921 (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	9	18	..... hr. ..... min.

9. Birthplace Logan (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Merchantile

FATHER
12. Name John O. Yates
13. Birthplace White County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Fwples
15. Birthplace Gldovado (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Dorothy Yates
(b) Address Bonne Terre, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Missouri
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Oct-5-46 (Date received local registrar) (b) Frances B Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th year 1946 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from 3 Oct 1946, 1946, to 4 Oct, 1946; that I last saw him alive on 3 Oct 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart failure	1 hr.
Due to Rheumatic fever.	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 58

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) .....
(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 Joseph A. Gale (M. D. or other) M.D.
Address 913 Washington St. Chillicothe Date signed 4 Oct 1946.

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(Licensed Embalmer's Statement on Reverse Side) no.

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.

DISTRICT HEALTH OFFICE
Cameron, Mo.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.