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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32930**

DEED OCT 23 1940

Registration District No. **743** Primary Registration District No. **4445**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Orrick
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether)
 In this community 60
years, months or days

3. (a) PRINT FULL NAME Benjamin J. Yates
3. (b) If veteran, name war none **3. (c) Social Security No.** None

4. Sex male **5. Color or race** Wh **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Elizabeth Wells **6. (c) Age of husband or wife if alive** 80 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 87 Months Days If less than one day
 hr. min.

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

10. Usual occupation Merchant

11. Industry or business Grocery

12. Name Ben Yates

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

14. Maiden name Unknown

15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Ed. Yates

(b) Address Orrick

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 9 22 40
(Month) (Day) (Year)

(c) Place: burial or cremation South Point

18. (a) Signature of funeral director Fibson & Son

(b) Address Orrick, Mo

19. (a) 9/21/40 **(b) 9/21/40**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ray
 (c) City or town Orrick
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
 year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 10th, 1940, to Sept 20th, 1940,
 that I last saw him alive on Sept 20th, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Endocarditis
 Due to Interstitial Pneumonia 10 Days

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration ?
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?

9 5¹¹
 While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature Giffin F. Simon **(M.D. or other)** D.O.
Address Orrick, Mo **Date signed** 9/21/40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-70

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.