

FILED APR 21 1941

Registration District No. 743

Primary Registration District No. 4445

Registrar's No. 9

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 _____
(Specify whether years, months or days)
 In this community 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
 (c) City or town Orrick
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
 year 1941 hour 4 minute 30 AM.

21. I hereby certify that I attended the deceased from
March 22nd, 1941, to March 28, 1941
 that I last saw him alive on March 28, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Paralysis
 Due to Cerebral Apoplexy about 70 days

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?
6 to 7 _____
(Specify type of place)
 While at work? _____ (e) Means of injury 2 D.O
 23. Signature Giffin F. Simmons _____ or other _____
 Address Orrick - Mo Date signed 3/29/41

3. (a) PRINT FULL NAME Elizabeth Yates

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Benjamin Yates 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased Oct 18 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Andy Wells
 13. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Luzama Boyd
 15. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Yates

(b) Address Orrick, Mo

17. (a) Burial (b) Date thereof 3 30 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point

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

(b) Address Orrick, Mo

19. (a) 3/29/41 (b) Ed Pumpbell, M.D.
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 8
District File Number 4-15-41
Date Filed

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 Ellison

Licensed Embalmer No. 4137

P. O. Address Oriskany, 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.