

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11597
Do not use this space.

1. PLACE OF DEATH
 (a) County NEWTON Registration District No. 609
 (b) Township NEOSHO Primary Registration District No. 4363
 (c) City NEOSHO (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME DALE WILLARD YAGER 260
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LILLIAN YAGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 30, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 9 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARYVILLE, MO.

13. NAME J. H. YAGER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

15. MAIDEN NAME SARAH LINDSAY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MINN S OTA

17. INFORMANT (ADDRESS) A. L. Yager
ST JOSEPH MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE ST JOSEPH, MO DATE 3/15/38

19. FUNERAL DIRECTOR (ADDRESS) The Pugham Mort
Neosho Mo

20. FILED 3-20-38 oneal
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938, to March 14, 1938
 I last saw him alive on March 14, 1938. Death is said to have occurred on the date stated above, at 5:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Aortic Insufficiency
g. 2. 4
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) Melvin M. Pelling
543 (Address) Saving BK Bldg. Neosho

STATEMENT BY LICENSED EMBALMER

I, James Buchanan, Licensed Embalmer No. 2689
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Buchanan
No. 2689 L. E. _____ Registered Apprentice No. _____
or by _____
working under my personal supervision.

Signed James Buchanan
Licensed Embalmer No. 2689

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.)