AUG 9 1939

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

26112
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence 2 Registration District No. 475

(b) Township Springriver 1 Primary Registration District No. 5639 Registered No.

or

(c) City Verona (d) Street No. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(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.

2. PRINT FULL NAME Mrs. Helen Yaeger

(a) Residence, No. RFD Verona, Mo. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~[illegible]~~ Joe Yaeger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1866

7. AGE: YEARS 72 | MONTHS 6 | DAYS 30 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
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) Berline Germany 6

FATHER

13. NAME Floer 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany 6 9

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Joe Yaeger Verona, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Cemetery DATE June 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilks Funeral Home Verona, Mo.

20. FILED 8/5 1939 A. J. Rudig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1939, to March 30, 1939

I last saw her alive on March 30, 1939. Death is said to have occurred on the date stated above, at 7:00A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Malnutrition causing a cardiac insufficiency	
Carcinoma of breast with metastisis.	

Other contributory causes of importance:

50

Name of operation Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) F. Avery Watson M.D.

(Address) Verona Phenomenal Hosp. Verona, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 839-1503
Date Filed AUG 7 1939

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 H D Fossett

Licensed Embalmer No. 2201

P. O. Address Mauvernon M

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

If this body is not embalmed, above space should be left blank.