DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42361

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4770

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No. (Specify whether
In this community: 36 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No.: 2137 Madison Avenue, K.C.Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Fred Yeager
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Yeager
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: May 24th, (Month) 1857 (Day) (Year)

8. AGE: Years 82 Months 6 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Sec: Foreman C.&.A. Burl.
11. Industry or business: ----------

FATHER
12. Name: John Yeager
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record.
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs Anna Greeley
(b) Address: 2134 Madison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 16th, 39 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery.
18. (a) Signature of funeral director: Mrs. C. L. Forster.
(b) Address: 918 Brooklyn Avenue, K.C.Mo.
19. (a) Dec. 16, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1939 hour 11:- minute 40 P.M.
21. I hereby certify that I attended the deceased from 11-10, 1939, to 12-13, 1939; that I last saw him alive on 12-13, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	4 mo.
Due to: ASC	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: ✓

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: Geyler E. Lee (M. D. or other)
Address: 1518 Professional Bldg. Date signed: 12-14-39.

(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.

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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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Jr. C. 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, above space should be left blank.