

8 1939 JAN

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

44874
Do not use this space.

1. PLACE OF DEATH
 (a) County Sullivan Registration District No. 852
 (b) Township Milan Primary Registration District No. 4318 Registered No. _____
 (c) City _____ (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 Ernest Price Yardley
 (a) Residence, No. Milan, 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 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 Constance Yardley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1887
 7. AGE YEARS 52 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A.
 9. Industry or business in which work was done, as saw mill, bank, etc. Fabrics
 10. Date deceased last worked at this occupation (month and year) 12-22-39 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co., Missouri
 FATHER 13. NAME George Yardley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Missouri
 MOTHER 15. MAIDEN NAME Nancy Price
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henryburg, Mo.
 17. INFORMANT (ADDRESS) Mrs. Aubrey Cochran, Milan, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem. DATE Dec 24, 1939
 19. FUNERAL DIRECTOR (ADDRESS) C. A. Schoene, Milan, Mo.
 20. FILED Dec. 30, 1939 Cleo Hasan, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1939, to Dec 22, 1939
 I last saw h. Dead when I arrived Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris - Dec 22, 1939 Date of onset _____
 Other contributory causes of importance: HTA
 Name of operation none Date of _____
 What test confirmed diagnosis? none 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) Carlstickson, M. D.
 (Address) Milan, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.
 I. X12004

2016

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schover, Licensed Embalmer No. 2016

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Frank D. Schover

.....L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Frank D. Schover
Licensed Embalmer No. 2016

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.)