S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5666

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 891

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 hrs. (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Warsow
(If outside city or town limits write "RURAL")

(d) Street No. Warsow, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME 654 JUDY JEANNETTE YARNELL

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced ------

6. (b) Name of husband or wife ----------

6. (c) Age of husband or wife if alive ---------- years

7. Birth date of deceased Feb 26 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hr. 6 min.

9. Birthplace (City, town, or county) 1 (State or foreign country) S

10. Usual occupation No

11. Industry or business No

FATHER
12. Name Dvane Alvin Yarnell
13. Birthplace Little River, Kansas (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Virginia Ruth Spears
15. Birthplace Kansas City, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Dvane Alvin Yarnell
(b) Address 4911 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn, Kansas City, Mo.

19. (a) 2-26-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1940 hour 1 minute 4 A. M.

21. I hereby certify that I attended the deceased from Feb 26 1940 to Feb 26 1940 that I last saw b alive on 2-26 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Infra Cranial Hemorhage 16013 — Duration

Due to Petrous thrombosis with caries

Due to Normal Parturition

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 [illegible] (M. D. or other)
Address [illegible] Date signed 2-26-40

(Licensed Embalmer's Statement on Reverse Side)

Jarrett's

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 Clara Shepard, Registered Apprentice No. 422, working under my personal supervision.

Signed Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address N. C. [illegible]

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.