

Registration District No. 86

Primary Registration District No. 5128

Registrar's No. 3

FILED APR 8 1940

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Halls, Mo. Wayne Mrs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town Halls, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME AMANDA M. YAGER

8. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dan Yager 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 26th 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

12. Name James Mathews
18. Birthplace unknown Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Francis Hiesel
15. Birthplace unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rosie E. McComb
(b) Address 114 E. Cliff St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 27, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery FLEEMAN & SON, INC.

18. (a) Signature of funeral director _____
(b) Address 1946 Alhoun St. Joseph

19. (a) Mar. 28 (b) Old Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26th.
year 1940 hour 12 minute 45 a. M.

21. I hereby certify that I attended the deceased from Mar. 21 1940 to Mar. 26 1940;
that I last saw her alive on Mar. 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration 1 yr.

Due to Cause unknown
Enlargement, Pericardial fibrillation

Due to _____
Other conditions Hypostatic congestion lungs 4da.
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: 927
Of autopsy: none

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed Grant M.D. (P. or other) 1
Address H. Joseph, Mo. Date signed 3-26-40

RECEIVED
District Health Officer No. 11,
District File Number 440-429
Date Filed APR 3 RECD

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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.