

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 56

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

40

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Home for the Aged
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years
(Specify whether)
 In this community
 years, months or days

8. (a) PRINT FULL NAME Ed. Yarger 626
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Apr 21 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 17 " hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Wm Yarger
 { 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 { 14. Maiden name Lockhart
 { 15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Jackson
 (b) Address Little River, Mo.

17. (a) Buried (b) Date thereof 3-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brazner, Mo.

18. (a) Signature of funeral director R. G. White
 (b) Address Blue Springs, Mo.

19. (a) 3/11/40 (b) Ernest Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town J. C. Home
(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.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 8
 year 1940 hour 2 minute 30 P.M.
 21. I hereby certify that I attended the deceased from
Jan 1, 1940 to 3-8, 1940
 that I last saw him alive on 3-7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
mitral regurgitation
 Due to _____
 Due to g2w
 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?
932
(Specify type of place) While at work? (e) Means of injury _____
 23. Signature J. W. Geese (M. D. or other) 1
 Address Independence Date signed 3/9/40
WCO

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.