

APR 23 1940

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

12704
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 75
 (c) City Newada (d) Street No. 312 W. Allison 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 B54 Alvin Edward Yarnell
 (a) Residence, No. 312 W. Allison 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Yarnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lowell (STATE OR COUNTRY) Missouri

FATHER 13. NAME Richard Yarnell
 14. BIRTHPLACE (CITY OR TOWN) St. Charles County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Missouri Taggart
 16. BIRTHPLACE (CITY OR TOWN) St. Charles County (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Martha Yarnell (ADDRESS) Newada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Click Cemetery DATE Mar 3, 1940

19. FUNERAL DIRECTOR (NAME) Henry Funeral Home (ADDRESS) Newada, Mo.

20. FILED Mar 6, 1940 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1940, to Feb 29, 1940
 I last saw him alive on Feb 29, 1940 Death is said to have occurred on the date stated above, at 9:40 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 2/29/40

Other contributory causes of importance: 82 yr

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. W. Pearce
 (Address) Newada, Mo.

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.

1 X18605

RECEIVED.
District Health Officer No. 7,
District File Number 4-40-578
Date Filed 4-8-40

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 Personal
....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd R. Winnett
Licensed Embalmer No. 3857
P. O. Address Nevada, 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.