

No. 11-10-39
5-17-59
X21492

FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26083

State File No. _____

Registration District No. 286

Primary Registration District No. 5964

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Rural Prairie Township
(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 _____
years, months or days 260

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. "Rural" Prairie Township
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sarah Elizabeth Yeager

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1940 hour 2 minute 30. a. m.

4. Sex Female 6. Color or race White

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

6. (b) Name of husband or wife Thomas B

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

7. Birth date of deceased. Sept. 15 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
_____ 1936 to _____ 1940
that I last saw her alive on June 25, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>83</u>	<u>9</u>	<u>10</u>	hr. min.
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Immediate cause of death Myocarditis

Due to _____

Due to _____

Duration 4 1/2
years

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

10. Usual occupation at home

11. Industry or business _____

12. Name William S. Christian

18. Birthplace No data
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. O'Neill

15. Birthplace No data
(City, town, or county) (State or foreign country)

16. (a) Informant E. G. Yeager

(b) Address of Mrs. Moberly

17. (a) Burial (b) Date thereof July 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Malcolm and Son

(b) Address Moberly Mo

19. (a) Jul 14 1940 (b) E. G. Yeager
(Date received local registrar) (Registrar's Signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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) no

(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? no

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

23. Signature J. H. Yeager (M. D. or other) _____
Address Moberly Mo Date signed 7/6/40

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

8

RECEIVED

District Health Officer No. 10

District File Number 8-40-1497

Date Filed AUG 7 1948

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.....

Frank S DeWitt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly 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.