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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1940

Registration District No. 547

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39201

Primary Registration District No. 3029

Registrar's No. 315

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community ~~2 weeks~~ 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 908 Georgia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Samuel Yargus

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race WHite

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

6. (b) Name of husband or wife Hattie

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January (Month) 20 (Day) ,1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	9	18	hr. min.

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

10. Usual occupation Laborer 0

11. Industry or business Universal Atlas Company

FATHER
12. Name Commodore Yargus
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Mary Hoover
15. Birthplace Holland (City, town, or county) 7 (State or foreign country)

16. (a) Informant Amos Yargus

(b) Address 908 Georgia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/40 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) Nov 12 '40 (Date received local registrar) (b) N. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8 year 1940 hour 5 minute 15 AM

21. I hereby certify that I attended the deceased from 10-25-, 1940 to 11-8, 1940 that I last saw him alive on 11-7-40, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardosis

Due to Arterio sclerosis 59

Due to Diabetes Mellitus

Other conditions Prostatic obstruction
(Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophy Prostate

Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Hardesty (M. D. or other) 1

Address Hannibal Date signed 11-8-40

TAY

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Hannibal Missouri

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, fact should be so stated above.