

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 West 3rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Years (Specify whether years, months or days) 25

8. (a) PRINT FULL NAME George Leonard Yeager

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

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

6. (b) Name of husband or wife Sudie Robertson Yeager 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 1911 Aug. 29 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Barber Retired

11. Industry or business

12. Name Frank Yeager

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Kline

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

16. (a) Informant Mrs. Geo. L. Yeager

(b) Address Sedalia, Mo. 308 W. 3rd St.

17. (a) Burial (b) Date thereof Nov. 16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 11-16-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 308 West 3rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1940 hour Midnight minute M.

21. I hereby certify that I attended the deceased from Sept 10
1940, to 11-14, 1940
that I last saw him alive on 11/14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Duration 10 days

Due to Hypertension & Aneurysm

Due to Stroke

Other conditions Stroke
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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 Dr. J. E. Sneed (M. D. or other)
Address Sedalia, Mo. Date signed 11-15-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-16-40

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 _____

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

Signed _____

Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.