

JAN 25 1940 713

Registration District No.

Primary Registration District No. **5942**

Registrar's No.

1. PLACE OF DEATH:

(a) County **PULASKI**
(b) City or town **Waynesville-Rural Cullen**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
her home 3 mi north of Waynesville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0**
(Specify whether
In this community **2**
years, months or days)

8. (a) PRINT FULL NAME **MARY MOLLY YEAKLEY**

8. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **FEMALE** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **MA. Yeakley** 6. (c) Age of husband or wife if alive **x** years
7. Birth date of deceased **March Nov. 5 1854**
(Month) (Day) (Year)

8. AGE: Years **86** Months **1** Days **6** If less than one day hr. min.

9. Birthplace **Lee la de Co.** **mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **living on farm**

11. Industry or business **x**

12. Name **Tom Lowery**

13. Birthplace **U.S.A.**
(City, town, or county) (State or foreign country)

14. Maiden name **Bargan Gable Martin**

15. Birthplace **Indiana Co. Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louie Rickerson**

(b) Address **Waynesville mo**

17. (a) **Burial** (b) Date thereof **Dec 12-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hamilton Cemetery**

18. (a) Signature of funeral director **J. L. Hoops & Sons**

(b) Address **Crocker Missouri**

19. (a) **11/41** (b) **D. P. Patton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski**
(c) City or town **Waynesville (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **11**
year **1940** hour **8** minute **PM**

21. I hereby certify that I attended the deceased from **November 30**
1940, to **December 10**, 1940

that I last saw her alive on **December 10**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Occlusion**
Chronic Nephritis, Hypertension

Due to

Other conditions **Pneumonia (Bronchial)**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **121**

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?

641 (Specify type of place)

While at work? (e) Means of injury

23. Signature **R. O. De Witt** (M. D. or other) **3**

Address **Waynesville** Date signed **Dec 12**

RECEIVED
RECEIVED
District Health Officer No. 5,
District File Number 141125-
District File Number 141125-
Date 11-11-1911

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.