

Registration District No. \_\_\_\_\_

Primary Registration District No. 3019

Registrar's No. 164

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence San. H.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Joseph YARNEVICH

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March 19, 1879  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>3</u>	<u>1</u>	hr. min.

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

10. Usual occupation laborer

11. Industry or business Chicago Western R.R.

MOTHER FATHER

12. Name no record

13. Birthplace no record  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Blitz Kopicich

(b) Address 11215 Norledge

17. (a) Burial (b) Date thereof 6/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's, Indep. Mo.

18. (a) Signature of funeral director George C. Dixon

(b) Address Independence, Mo.

19. (a) June 26 1941 (b) F. L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 11215 Norledge  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1941 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 11/5, 1941, to 6/20, 1941;  
that I last saw him alive on \_\_\_\_\_, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema  
Ch. meningitis  
" nephritis

Due to nephritis

Due to 1318

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

360 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature William (M. D. or other) WMD  
Address 10267 Oakleaf Ave. Date signed 6/21/41

JUL 3 1941

JUL 7 1941

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**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

*Raymond N. Martin*

Licensed Embalmer No. *4150*

P. O. Address *Independence 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, fact should be so stated above.**