No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27350

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 5008

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K.C.T.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 6 mo 17 da. (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4/8

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3604 Campbell 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Yarberry

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased October 20, 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Jno. Yarberry
13. Birthplace Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nora Spar
15. Birthplace No. Dakota (City, town, or county) (State or foreign country)

16. (a) Informant K.C.T.B. Hosp. records
(b) Address Leeds Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs C K Fanter
(b) Address 918 Brooklyn K.C. Mo

19. (a) 8/8/41 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6th year 1941 hour 8 P.M. minute M.

21. I hereby certify that I attended the deceased from January 20th, 1939 to Aug 6th, 1941 that I last saw him alive on Aug. 6th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Far advanced pulmonary tuberculosis c̄ cavitations

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 13 P

Major findings:
Of operations

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 O. C. Heyer [illegible] (M.D. or other) 8/6

Address K.C.T.B. Hospital Date signed 8/6/41

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Chas. Sheppard

Licensed Embalmer No. 4179

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.