

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

m. 2. 111
—29062
State File No.
Registrar's No. 260

FILED SEP 12 1941

Primary Registration District No. 3039

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:
923 East 15th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Anna Yunker

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

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

6. (b) Name of husband or wife C.E. Yunker 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 7 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Clausen

13. Birthplace Lake Creek Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Becker

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

16. (a) Informant Mrs. Geo. Ratje

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 8-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

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

(b) Address.....

19. (a) 8-14-41 (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. 923 East 15th. St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 10 1941 to Aug. 12 1941;
that I last saw him alive on Aug. 10 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial

Due to Rheumatism

Due to arterio-sclerosis

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) h

(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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Chas. Sneed (M. D. or other)

Address Sedalia, Mo. Date signed 8-14-41

RECEIVED
District Health Officer No. 8
District File Number
9-10-41
ate Filed

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.....

L. E. Boullelin

Licensed Embalmer No.....

3867

P. O. Address.....

Sealalia 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.