

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

FILED SEP 25 1941 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly, MO.

(c) Name of hospital or institution: 829 Lovecumson
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution ✓
all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL.")

(d) Street No. 829 Lovecumson
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Bernettie Yarnal

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 1941 hour 5 minute 8 M.

21. I hereby certify that I attended the deceased from _____ 1941 to _____ 1941
that I last saw her alive on 9-21 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife W.T. Garner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 22 - 1873
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>67</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Uremia

Due to Glomerulonephritis

Due to _____

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

Major findings: 9

Of operations _____

Of autopsy _____

130

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Jerry Kintcade

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

14. Maiden name Anna Lewis

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

16. (a) Informant J. H. Jones

(b) Address Moberly, Mo

17. (a) burial (b) Date thereof Sep 23 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callego ground Mo

18. (a) Signature of funeral director Albert Skinner

(b) Address Moberly Mo

19. (a) 9-24-41 (b) Peal Williams
(Date received local registrar) (Registrar's signature)

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 J. Hammond (M. D. or other) Do

Address Moberly, Mo Date signed 9-27-41

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

SEP 25 1941

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.....

Bern W. Dietz

Registered Apprentice No. *295*

working under my personal supervision.

Signed.....

Albert Skuman

Licensed Embalmer No. *78-1*

P. O. Address.....

Maeson m

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.