

FILED JUL 10 1942

Registration District No. 852 Primary Registration District No. 6120 Registrar's No. \_\_\_\_\_

0500  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Sullivan  
(b) City or town Milan Rural - Polk Twp.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 82 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105  
(a) State Missouri (b) County Sullivan  
(c) City or town Milan Rural - Polk Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lorenzo Walter Yardley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 15 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Harnet Yardley 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased November 13, 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from was called after his death \_\_\_\_\_ 19 \_\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death From history evidently died very suddenly from heart dis.

8. AGE: Years 82 Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to am sure death was from natural causes  
Due to \_\_\_\_\_

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

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

10. Usual occupation Farming

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

11. Industry or business General farming

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

12. Name James W. Yardley

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? \_\_\_\_\_

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

14. Maiden name Harnet Caldwell

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

16. (a) Informant Thurman Yardley  
(b) Address Milan Mo

17. (a) Reburial (b) Date thereof June 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem. Milan  
(e) Signature of funeral director Schoener While at work? \_\_\_\_\_ (Specify type of place)  
(b) Address Milan Mo - Frank D. Schoener (g) Means of injury \_\_\_\_\_  
23. Signature J. S. Montgomery (M. D. or other)  
(Date received local registrar) (Registrar's signature) Address Milan Mo Date signed 6-16-42

18. (e) Signature of funeral director \_\_\_\_\_ While at work? \_\_\_\_\_ (Specify type of place)  
(b) Address \_\_\_\_\_ (g) Means of injury \_\_\_\_\_  
23. Signature J. S. Montgomery (M. D. or other)  
Address Milan Mo Date signed 6-16-42

RECEIVED

District Health Officer No. 10

District File Number 7-42-1370

Date Filed JUL 9 1942

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

*Frank D. Schwene*

Licensed Embalmer No.

*2066*

P. O. Address

*Milwaukee, Wis.*

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.