

FILED AUG 28 1942

Registration District No. 42

Primary Registration District No. 1-0-0-5130

Registrar's No. 776

1100
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural
(c) Name of hospital or institution: R2 at the Rushville
(d) Length of stay: In hospital or institution 3 yrs.
In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(d) Street No. Route 1
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Martin Charles Yager

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased Oct 8 1888

8. AGE: Years 53 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Halls Mo

10. Usual occupation Farmer

11. Industry or business _____

12. Name Daniel Yager

13. Birthplace Mo

14. Maiden name Amanda Yager

15. Birthplace Mo

16. (a) Informant Mrs Goldie Kulbrook

(b) Address R. 2. Rushville

17. (a) Burial (b) Date thereof Aug. 10, 1942

(c) Place: burial or cremation Sugar Creek Cem

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Colborn

19. (a) 8-10-42 (b) W. E. J. J. J.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 8 1942 to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to Chronic Angina Pectoris 3 yrs

Due to NO

Other conditions Man died suddenly following numerous attacks

Major findings: of Angina pectoris in the left chest and attacks of acute indigestion

Of autopsy NO

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? _____

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

23. Signature H. F. Mundy (M. D. or other) Coroner

Address 404 So 3d St Date signed 9/8/42

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..... *Robert H. Yaffe*.....

Licensed Embalmer No. *3308*.....

P. O. Address..... *St. Joseph, 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.