

FILED NOV 27 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 810

1. PLACE OF DEATH:
 Buchanan
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether
 In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Buchanan 11
 (a) State Missouri (b) County Buchanan
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Route # 2, Rushville
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Charles Yager
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 16
 year 1942 hour 3:20 minute P M.

4. Sex Male 5. Color, or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased March 10 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/3, 1942 to 11/16, 1942
 that I last saw him alive on 11/16
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 8 Days 6
 If less than one day
 hr. min.

Immediate cause of death
Cerebral Hemorrhage
 Duration

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

Due to Hypertension & Atherosclerosis
 Due to Arteriosclerosis
 Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer
 11. Industry or business Farm

Major findings:
 Of operations
 Of autopsy

MOTHER FATHER
 12. Name John Yager
 13. Birthplace New York
(City, town, or county) (State or foreign country)
 14. Maiden name Lillian Melcher
 15. Birthplace Iowa
(City, town, or county) (State or foreign country)

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? 0 Means of injury 0

16. (a) Informant Anna Yager (Wife)
 (b) Address Route # 2, Rushville, Mo.
 17. (a) Burial (b) Date thereof 11/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation at Auburn Cemetery

23. Signature Arthur Smith (M. D. or other) MD
 Address 218 1/2 N. St. Joseph Date signed 11/18/42

18. (a) Signature of funeral director John O. Smith
 (b) Address 2024 P. Ave. St. Joseph
 19. (a) 11-18-42 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

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

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.....
..... *myself.*
working under my personal supervision.

Registered Apprentice No.

Signed

John E. Stupp

Licensed Embalmer No. *3986*

P. O. Address

H. Joseph, Ill.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36750
Registrar's No. 810

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: mo. Methodist Hosp.
(d) Length of stay: In hospital or institution.
In this community 2 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Charles Yager
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month Nov year 1942 hour _____ minute _____ M.

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 10

21. I hereby certify that I attended the deceased from _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage

8. AGE: Years 73 Months 8 Days 11 If less than one day _____ min.

Due to Hypertension arteriosclerosis

9. Birthplace Mo

Due to Uremic - Chronic

10. Usual occupation _____

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

11. Industry of business _____

Major findings: Of operations _____

12. Name _____

Of autopsy 1314

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

14. Maiden name _____ (State or foreign country) _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____

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? _____
(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 W. E. Smith (M. D. or other) M.D.
Address 2187 N.E. St. Joseph Mo Date signed 11/12/42

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

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

5-36750