

FILED FEB 27 1943

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4509 Agnes Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4509 Agnes Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. James H. Yeager

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 Married
6. (b) Name of husband or wife Mrs. Lulu B. Yeager 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased January 1 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 5 _____ hr. _____ min.

9. Birthplace Neosho Falls Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician Retired

11. Industry or business Kansas City Power & Light Company

12. Name John H. Yeager

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

14. Maiden name Amelia Schade

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

16. (a) Informant Mrs. Lulu B. Yeager

(b) Address 4509 Agnes Avenue

17. (a) Burial (b) Date thereof Feb. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-8-43 (b) M. M. Orme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1943 hour 8 minute 30 P.M.

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

Immediate cause of death Coronary Atherosclerosis
Chronic fibrous myocarditis
Acute pulmonary edema

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____

Of autopsy see above
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) _____
(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 _____ (Specify type of place)
(e) Means of injury _____

23. Signature Orme (M. D. or other) _____
Address K.C. Mo. Date signed 2/6/43

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

MOTHER FATHER

MAR 17 1943

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address K.C. 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.