

FILED MAR 5 1949

Registration District No.

Primary Registration District No. 1002

Registrar's No. 860

1. PLACE OF DEATH: Jackson
 (a) County Kansas City
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3630 Forest
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX (Specify whether
 In this community 59 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: #8
 (a) State Missouri (b) County Jackson 3
 (c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
 (d) Street No. 3630 Forest
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Clarence R. Yeo
 3. (b) If veteran, No name war
 3. (c) Social Security No. 486-09-7838

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 17th
 year 1943 hour 3: minute 10 A. M.

4. Sex Ma
 5. Color or Race Wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Lela B. Yeo
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased November 20 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1943 to 1943;
 that I last saw him Deputy Coroner on 1943;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>27</u>	hr. <u> </u> min. <u> </u>

Immediate cause of death Coronary artery disease with chronic myocardial infarction
 Due to
 Due to
 Other conditions 94a
(Include pregnancy within 3 months of death)

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

10. Usual occupation Stationary Engineer
 11. Industry or business Walker Laundry

Major findings: Of operations
 Of autopsy See Above
 PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name Edgar S. Yeo
 13. Birthplace Auburn N.Y.
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Long
 15. Birthplace Burlington Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lela B. Yeo
 (b) Address 3630 Forest

17. (a) Burial (b) Date thereof 2-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington

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?

18. (a) Signature of funeral director J. Wagner
 (b) Address Kansas City, Mo.

While at work? (Specify type of place)
 (e) Means of injury
 23. Signature J. E. Washer (M. D. or other)
 Address 334 M. Way Date signed 2/17/43

19. (a) 2-18-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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

MAR

1945

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 A. R. Haunschild

Licensed Embalmer No. 4159

P. O. Address H. 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: