

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7355

State File No.

Registrar's No.

RECEIVED MAR 11 1943

Registration District No. 292

Primary Registration District No. 5999

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Center, RFD
(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
In this community Life
years, months or days

3. (a) PRINT FULL NAME Ida B. Yager

8. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas. L. Yager 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Dec 3 1865
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
77 2 25 hr. min.

9. Birthplace Ralls Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name Wm B. Norton
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sue Warren
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W B Yager
(b) Address Center Mo

17. (a) Burial (b) Date thereof Mar 2 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Norton Cemetery

18. (a) Signature of funeral director L. H. Roberts
(b) Address Center Mo

19. (a) MAR 2 1943 (b) Wm. Earl Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls
(c) City or town Center, RFD
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1943 hour 12 minute 45P M.
21. I hereby certify that I attended the deceased from Dec
1941 to Feb 28, 1943
that I last saw her alive on Feb 28, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death

Chronic Myocarditis 14 Mo

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)
(Specify means of injury)

23. Signature W B Norton (M. D. or other)
Address Center Mo Date signed 3/1/43

RECEIVED
District Health Officer No. 10
District File Number 3-43-437
Date Filed MAR 10 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 *Edna Wiley*

Licensed Embalmer No. 3556

P. O. Address Center, 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, above space should be left blank.