S. No. 2
I—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14976

Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 21

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural — Big Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Eula C. Yarbrough

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 7 (Month) 12 (Day) 1942 (Year)

8. AGE: Years | Months 7 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Johnson Co. (City, town, or county) Ark. (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name Frank Yarbrough
13. Birthplace Franklin Co. (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Birdie Pogue
15. Birthplace Holdenville (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Frank Yarbrough
(b) Address Sikeston Mo. R?F?D?# 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Matthews Mo.
18. (a) Signature of funeral director H.W.Albritton
(b) Address Sikeston Mo.
19. (a) 4/22/43 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22 year 1943 hour 8 minute p M.
21. I hereby certify that I attended the deceased from 2-21 1943 to 2-22 1943 that I last saw her alive on 2-22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Labor Pneumonia	1 week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — 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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature J. M. Larns M.D. (M. D. or other)
Address Morehouse Mo Date signed 2/23/43

1031

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 543-67
Date Filed 5-11-43

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 Not Embalmed, Registered Apprentice No. ____, working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.