

S. No. 2  
4-542  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21849

RECORDED JUN 24 1943  
Registration District No. 383

Primary Registration District No. 0655

Registrar's No. 84

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days  
(Specify whether)

In this community 29 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter

(c) City or town Fremont  
(If outside city or town limits, write "RURAL")

(d) Street No. ---  
(If rural, give location)

(e) Citizen of foreign country? --- (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME Lois Marie Yardley

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1943 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 20, 1943, to May 17, 1943,  
that I last saw her alive on May 17, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harrell Yardley

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased June 18, 1922  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Due to 13 yr

Other conditions (include pregnancy within 3 months of death) ---

8. AGE: Years Months Days If less than one day

20 11 0 hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name James Asbjerg Bailey

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

14. Maiden name Ruth Jane Moore

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

PHYSICIAN ---

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations ---

Of autopsy ---

16. (a) Informant E. Inghel, Record Clerk

(b) Address Mo. State San Mount Vernon

17. (a) BURIAL (b) Date thereof 5-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director W. J. Phelps

(b) Address Van Buren - Mo.

19. (a) 5-23-43 (b) Audrey Campbell  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury ---

23. Signature Esther E. Collman (M. D. or other) ---

Address Mo. State Sanatorium Date signed 5-18-43

RECEIVED

District Health Officer No. 6,

District File Number 643-710

Date Filed JUN 22 1943

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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 S-19-43

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Philip J. Fenichel*

Licensed Embalmer No.....

*2936*

P. O. Address.....

*Van Buren M*

**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.