

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

S. No. 2
M-5-42
7-5-17-39
I X32875

FILED JUL 17 1943

Registration District No. 251 Primary Registration District No. 30454:78 Registrar's No. 95

1. PLACE OF DEATH
 (a) County Nodaway
 (b) City or town Ravenwood
 (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 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Ravenwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) no
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Addie Yeary
 3. (b) If veteran, name war _____
 3. (c) Social Security none No. _____

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 (b) Name of husband or wife Joseph A. Yeary
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 18 1872
 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 14
 If less than one day _____ hr. _____ min.

9. Birthplace Chandler Va.
 (City, town or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Evan Lawson

12. Name Jonesville Va.

13. Birthplace Louisiana Roller (State or foreign country)

14. Maiden name Jonesville Va.

15. Birthplace Mrs. C.C. Bishop (State or foreign country)

16. (a) Informant Parnell Mo.

(b) Address burial 6-33-43

17. (a) (Burial, cremation, or removal) Oak Lawn cemetery
 (b) Date thereof _____ (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director Three Funeral Home
 (b) Address Mayville mo

19. (a) 6-11-43 (Date received local registrar)
 (b) Manville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-1-43 to 6-11-43
 that I last saw h. aw alive on 6-9-43 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left ovary with metastases to abdominal liver & uterus. Also myocarditis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations H 90
 Of autopsy _____

Duration

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J.M. Boyle (M. D. or other)
 Address Manville Date signed 6-11-43

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

7400

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..... *W. M. L. Gae*
Licensed Embalmer No. *2539*
P. O. Address..... *Manville*

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.