

S. No. 2
M-5-42
5-17-39
X32273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27786

State File No.

Registrar's No. 940

ED SEP 11 1943

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rosary Hill Nursing Home 42018 Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months
(Specify whether In this community 10 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rushville, Mo.
(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 ✓

3. (a) PRINT FULL NAME JENNIE MAX YAZEL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Joseph Kelley Yazel

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

7. Birth date of deceased Dec. 25 1353
(Month) (Day) (Year)

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

89 7 28 hr. min.

9. Birthplace Doniphan county Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name Jess Woods

13. Birthplace Doniphan county Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

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

16. (a) Informant Howard Yazel

(b) Address 1003 South 11th

17. (a) burial (b) Date thereof 8/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armstrong Cemetery

18. (a) Signature of funeral director Keaton, Bohler & Bowman

(b) Address 319 South 10th St.

19. (a) 8/23/43 (b) Rose Sligo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1943 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 19
1943 to Aug 22 1943
that I last saw her alive on Aug 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Basal of Uteris Duration 1 1/2 yrs

Due to arteriosclerosis 10 yrs

Due to hemorrhage 3 days

Other conditions H&R
(include pregnancy within 3 months of death)

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? ✓

While at work? ✓ (Specify type of place) (2) Means of injury _____

23. Signature Charles B. Werner (Physician)
Address 221 Kirkpatrick Blvd. St. Joseph, Mo. 8-23-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Frank A. Conway*

Licensed Embalmer No..... *1710*

P. O. Address..... *St. Joseph*

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.