

FILED MAR 20 1944

Registration District No. 94

Primary Registration District No. 5303

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Burack
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR#1 Jefferson City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 88 yrs. (Specify whether
in this community 88 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Burack (If outside city or town limits, write "RURAL")
(d) Street No. RR#1 J.C. Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME ANNA YANSKEY

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Simon Yanskey 6. (c) Age of husband or wife if alive 1853 years

7. Birth date of deceased May 24 (Month) (Day) (Year)
8. AGE: Years 90 Months 8 Days 25 If less than one day — hr. — min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business —

12. Name Simon Yanskey

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Anna Yanskey

(b) Address RR#1 Jefferson City, Mo.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 2/24/44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery

18. (a) Signature of funeral director Sylvester Dulle
(b) Address Jefferson City, Mo.

19. (a) 2-22-44 (Date received local registrar) (b) Theresa Reister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1944 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-18-44 to Feb 19-44 that I last saw her alive on 2-19-44 and that death occurred on the date and hour stated above.

Immediate cause of death By lateral Bronchial pneumonia
Due to Chronic Myocarditis
Due to —

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations 938

Of autopsy —

22. If death was due to external cause, 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 W. V. Dulle (M. D. or other) —
Address Jefferson City, Mo. Date signed 2-21-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
Deputies Health Officer No. 9
Date Paid 3/9/77
Deputy File Number 777

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.....

Licensed Embalmer No.....

P. O. Address.....

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.