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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11859

Registration District No. 2404 Primary Registration District No. 3056 Registrar's No. 84

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1. PLACE OF DEATH
(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5. 4th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Randolph
(c) City or town: Moberly (If outside city or town limits, write "RURAL")
(d) Street No.: 5. 4th St. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: LOVIE YEAGER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 9 (Day) 1885 (Year)

8. AGE: Years 59 | Months 6 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housf.
11. Industry or business .....
FATHER
12. Name: Joe Yeager
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Liza Arnold
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mose Arnold
(b) Address: Moberly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/26/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Moberly Mo
18. (a) Signature of funeral director: Robert L. Carr
(b) Address: 417 N. 3rd Moberly Mo
19. (a) 3/25/44 (Date received local registrar) (b) Irma Rabe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1944 hour 3 PM minute ..... M.
21. I hereby certify that I attended the deceased from Apr. 20, 1943, to Mar. 23, 1944, that I last saw her alive on Mar. 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Uterus — Duration
Due to: .....
Due to: .....
Other conditions (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) (e) Means of injury: .....

23. Signature: R. H. Williams (M. D. ~~or other~~)
Address: Moberly Mo. Date signed: 3/25/44

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 16
District File Number 4-44-800
Date Filed APR 11 1944

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Mobely 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.