

FILED MAY 22 1944

Registration District No. **221844**

Primary Registration District No. **5804**

Registrar's No. **22**

1. PLACE OF DEATH:
(a) County **MONROE**
(b) City or town **RURAL - JACKSON TNS.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 1/2 MI. S. OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **62 yrs. 9 mo. 29 da.** years, months or days)

3. (a) PRINT FULL NAME **AURA, A. YAGER**
3. (b) If veteran. name war. **✓** 3. (c) Social Security No. **✓**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **8 years**
7. Birth date of deceased **JUNE 8, 1881**
(Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **29** If less than one day hr. min.

9. Birthplace **MONROE CO., MO. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER
12. Name **JAMES A. YAGER**
13. Birthplace **Mo. O**
(City, town, or county) (State or foreign country)
14. Maiden name **ANN ELIZA FINKS**
15. Birthplace **Mo. O**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. A. E. Yager**
(b) Address **PARIS, MO**

17. (a) BURIAL (b) Date thereof **APR. 9, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LONG BRANCH**

18. (a) Signature of funeral director **SPEED - BLANKY**

(b) Address **PARIS, MO**

19. (a) 4-8-44 (b) **Thayer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **MONROE**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **10 1/2 MI. S. OF PARIS**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **APR.** day **7**
year **1944** hour **9** minute **00 P.** M.
21. I hereby certify that I attended the deceased from **Dec. 18,**
1940, to **Apr. 7,** 19**44**
that I last saw him live on **Apr. 7,** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocardial failure** Duration **36 hrs.**
Due to **Hypertensive heart disease** **4 yrs.**

Due to _____
Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: Of operations **93d** **PHYSICIAN**
Of autopsy _____
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. A. Barnett** **MO.**
Address **PARIS, MO.** (M. D. or other) _____
Date signed **4-8-44.**

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

STATE OF MISSOURI
DEPARTMENT OF HEALTH
Division File Number 5-44-856
Date Filed MAY 4 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..... *H. Blakely*

Licensed Embalmer No. *02614*

P. O. Address *PARIS, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.