

FILED MAY 10 1944

State File No. _____

Registration District No. 325

Primary Registration District No. 4477

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Queen City
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town Queen City
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10
year 44 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 1 1943 to Apr 10 1944
that I last saw him alive on Apr 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's Disease 6 mo
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 O.P. [unclear] (M. D. or other) AO
Address Queen City Mo Date signed em/11/44

3. (a) PRINT FULL NAME Mary E. Yearns

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 married

6. (b) Name of husband or wife Frank Yearns 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 19 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Bible Grove Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Wm. H. Gunnell

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

14. Maiden name Sarah A. Shultz

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

16. (a) Informant: Sister Yearns

(b) Address _____

17. (a) Burial (b) Date thereof Apr. 12, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City

18. (a) Signature of funeral director _____

(b) Address Wm on West [unclear]

19. (a) Apr 11, 1944 (b) [unclear]
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10.

District File Number 5-44-919

Date Filed MAY 9 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 Self

....., Registered Apprentice No.
working under my personal supervision.

Signed

Wm A West

Licensed Embalmer No.

2882

P. O. Address

Queens City MC

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.