V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

900

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1944

Registration District No. 22

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30461

Primary Registration District No. 5113

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Rural Union 2m
(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 1 (Specify whether
In this community 87-7-13 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 9

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Alliance, Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Barnhardt Yamnitz

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race White

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

6. (b) Name of husband or wife Elesabeth Yamnitz

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Febuary (Month) 13 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
87	7	13	hr. min.

9. Birthplace Bollinger Co. (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Charles Yamnitz

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

14. Maiden name Margarete Ditmer

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

16. (a) Informant Joseph Yamnitz

(b) Address Aliance Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Yount Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) Sept 28, 1944 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 26 year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from June 19 43, to 9/26/44 19...; that I last saw h[illegible] alive on 9/10/44 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	
Due to Cerebral Apoplexy	5 wks
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 820

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C M Wiedman (M. D. or other) D.O.

Address Perryville Mo Date signed 9/27/44

1063 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1044-4324

Date Filed 10-6-44

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 Wallace Yeasley

Licensed Embalmer No. 7027

P.O. Address Perrysville Ohio

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.