

FILED DEC 22 1944

Registration District No.

Primary Registration District No.

4408

408

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 39 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

George W Yeager

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Fannie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased march 7 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 2
If less than one day hr. min.

9. Birthplace Humboldt Pa.
(City, town or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business

12. Name Tom Yeager
13. Birthplace State of Pa.
(City, town or county) (State or foreign country)
14. Maiden name Gertrude Selger
15. Birthplace State of Pa.
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Elroy Lemke
(b) Address Smithton Mo

17. (a) Buried (b) Date thereof 12-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director E. F. Hamberger

(b) Address Smithton Mo

19. (a) 12-12-44 (b) Emma Seiger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1944 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 9 to Dec 9
that I last saw him alive on Dec 9 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 9 30

Due to 9 30

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Location of injury

23. Signature Emma Seiger (M. D. or other) 12/14
Address Smithton Mo Date signed 12/14

DEC 22 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.....

A. F. Kemmeyer

Licensed Embalmer No. *3912*

P. O. Address *Smithton 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.