

P. No. 2
M-2-43
5-17-39
P. I X3507

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1548

FILED JAN 26 1946

State File No. _____
Registrar's No. 148

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Research Hospital
(d) Length of stay: In hospital or institution 3 months
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3235 Bellefontaine
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Mrs. Annie Hale Yeager
(b) If veteran, name war no. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 9
year 1945 hour 1:30 minute P. M.
21. I hereby certify that I attended the deceased from Sept 27
1944 to Jan 9 1945
that I last saw her alive on Jan 9 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James H. Yeager 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased October 4 1873

Immediate cause of death
adenocarcinoma of uterus & numerous intra-abdominal metastases
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 3 Days 5 If less than one day hr. min.

Major findings: Of operations Carcinoma of uterus & metastases
Of autopsy Same as above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Kentucky
10. Usual occupation at home

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? _____
(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 Hugh Walenta (M. D. or other)
Address 1103 Grand Ave Date signed 1/9/45

11. Industry or business X
12. Name Austin L. Hale
13. Birthplace Missouri
14. Maiden name Mary Woodie Hale
15. Birthplace Kentucky

16. (a) Informant R. E. Hale
(b) Address 3235 Bellefontaine, K. C., Mo.
17. (a) Removal (b) Date thereof 1-11-45
(c) Place: burial or cremation Stanford, Kentucky

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-10-45 (b) T. E. Brown

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

12 P.M.

Dr. Farley
Vacation Office

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..... *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *K C 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.