

3063

State File No. _____

FILED FEB 9 1945
 Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1119 East Sixth Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution two months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Alice Belle Yeager

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, 2 divorced widow
 6. (b) Name of husband or wife Joseph Yeager
 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased January 13, 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 23 hr. 2 min.

9. Birthplace Waynesburg / Pennsylvania
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Kettler
 13. Birthplace Green County, Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Caldwell
 15. Birthplace Green County, Pennsylvania
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. P. Young, [daughter]
 (b) Address 1119 E. 6th, Sedalia, Mo.

17. (a) Burial (b) Date thereof Jan. 9, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Marion Ewing
 (b) Address Sedalia, Missouri

19. (a) 1/9/45 (b) Mrs. Anna Yeager
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1119 East Sixth Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
 year 1944 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1 - Jan 6 - 1944
 to Jan 6 - 1944
 that I last saw her alive on Jan 2 - 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration _____

Due to _____
 Due to 466

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?

Specify type of place) While at work _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address Sedalia, Mo. Date signed May 4, 1945

(Licensed Embalmer's Statement on Reverse Side)

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

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1022

Jan 8 45

RECEIVED

District Health Officer No. 8,

District File Number

2-8-75

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.....

Licensed Embalmer No. 3847

P. O. Address Sedalia

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.