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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23870

FILED JUL 30 1945

State File No.

Registration District No. 101 Primary Registration District No. 5404 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town ~~Ava~~ Rural Finley Twp
(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 Douglas 34

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

(d) Street No. Route 1 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Amy B. Yeisley

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Ira Yeisley

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

7. Birth date of deceased April 5, 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	1	7	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Walter Carson
13. Birthplace ------ Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angeline Black
15. Birthplace ------- Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant J B Carson
(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 7-1-1945 (Date received local registrar) (b) Lula Spurlock Deputy (Registrar's signature)

1056

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1945 hour 3 minute 14 A.M.

21. I hereby certify that I attended the deceased from May 11 1945, to May 12 1945, that I last saw her alive on May 11 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Fract Skull	
Due to: accidental fall	
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) accident 34

(b) Date of occurrence May-11- 45

(c) Where did injury occur? at her home in Douglas Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home on farm
(Specify type of place)

While at work? (e) Means of injury accidental fall

23. Signature R M Norman (M. D. or other)

Address Ava Mo Date signed May 20 44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 745-818
Date Filed JUL 27 1945

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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava

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.