No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1945

State File No. 30817

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 106 N. Sergeant
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Monica Yeager
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 10 (Day) 1945 (Year)

8. AGE: Years | Months | Days 21 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Infant
FATHER
12. Name Archie A. Yeager
13. Birthplace Earl Junction (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Lorraine Lane
15. Birthplace (City, town, or county) Texas (State or foreign country)
16. (a) Informant Mrs Archie A Yeager
(b) Address 106 N. Sergeant
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem
18. (a) Signature of funeral director Thornhill Dillon
(b) Address 305 W. 4th St
19. (a) (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1945 hour 5 minute 20 P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute entritis	
Due to	
Due to	
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) MD
Address 304 Frisco Bldg. Joplin Date signed 9/10/45

(Licensed Embalmer's Statement on Reverse Side)

45-9-761

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. Earl A Thornhill

Licensed Embalmer No. 3590

P. O. Address. Joplin 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.