

FILED OCT 6 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 182

Primary Registration District No. 5681

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural (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 Linn

(c) City or town Grantsville Twp. (rural) (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Yagel

3. (b) If veteran, name war. XXXX

3. (c) Social Security No. XXXXX

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased February 17 1862 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	5	24	hr. min.

9. Birthplace Fairfield Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Nicholas Yagel

13. Birthplace xxxxxx Germany (City, town, or county) (State or foreign country)

14. Maiden name Margaret Bates

15. Birthplace xxxxxx Germany (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Yagel

(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 8/ /1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grantsville Cemetery

18. (a) Signature of funeral director Thorne Undt Co.

(b) Address Linneus, Mo.

19. (a) (Date received local registrar) (b) Mrs. L. S. Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th year 1945 hour minute M.

21. I hereby certify that I attended the deceased from March 1944 to Aug 11 1945 that I last saw him alive on Aug 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus

Due to

Due to

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Myocardial degeneration

Of operations Sensed

Of autopsy 836

Duration 3.6 hr

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?

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

23. Signature J. P. McArthur (M. D. or other)

Address Browning, MO. 8/11/1945

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

OCT 26 1953

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 *Darr A. Taylor*

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

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.