

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

State File No. **38186**

FILED **DEC 7 1945**
Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **322**

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: **Bothwell Hospital**
(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

3. (a) PRINT **THOMAS RILEY YEAGER**
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Alice** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **Nov. 24 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Harrisburg Penn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Self**

12. Name **Gilbert Yeager**

13. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Seltzer**

15. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. T.R. Yeager**

(b) Address **Beaman, Mo.**

17. (a) **Burial** (b) Date thereof **11/28/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem**

18. (a) Signature of funeral director **Geo. Williams**

(b) Address **Sedalia**

19. (a) **11/28/45** (b) **A. J. Campbell**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Beaman R # 1.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **25**
year **1945** hour **8:05** minute _____ M.

21. I hereby certify that I attended the deceased from **1st** to **11/25/45** at **Beaman, Mo.**
that I last saw him alive on **11/25/45** and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to **myocarditis**

Due to **stroke and trouble long standing**

Other conditions **renal ability**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **938**

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?

23. Signature **A. J. Campbell** (M. D. or other) **M. D.**
Address **Sedalia** Date signed **11-28-45**

PHYSICIAN

Underline the cause to which death should be charged statistically.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. _____
Registrar's No. _____
State File No. _____

1. USUAL RESIDENCE OF DECEASED:

(a) State _____
(b) County _____
(c) City or town _____
(d) Street No. _____
(e) Citizen of foreign country _____
(f) Year, name country _____

2. DATE OF DEATH: Month _____ day _____
Year _____

3. I hereby certify that I attended the deceased from _____
to _____ and that death occurred on the date and hour stated above.

4. Immediate cause of death _____
and that death occurred on the date and hour stated above.

5. Due to _____
Due to _____

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 _____
working under my personal supervision.

6. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where the injury occurred _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place, or elsewhere _____

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.

1. PLACE OF DEATH:

(a) Country _____
(b) City or town _____
(c) Name of hospital or institution _____
(d) Length of stay in hospital or institution _____
(e) Name of hospital or institution _____
(f) Name of hospital or institution _____

2. FULL NAME _____
(a) PRINT _____
(b) If veteran _____

3. Name was _____
(a) Single, widowed, married _____
(b) Divorced _____
(c) Age of husband or wife _____
(d) Name of husband or wife _____
(e) Birth date of deceased _____
(f) Birth date of deceased _____

4. AGE: _____
Years _____ Months _____ Days _____

5. Usual occupation _____
(a) Industry or business _____
(b) Birthplace _____
(c) Maiden name _____
(d) Birthplace _____
(e) Birthplace _____
(f) Birthplace _____

6. Registered Apprentice No. _____
Signed _____
Licensed Embalmer No. 3867
Sedalia
P. O. Address _____

10. Usual occupation _____
(a) Industry or business _____
(b) Birthplace _____
(c) Maiden name _____
(d) Birthplace _____
(e) Birthplace _____
(f) Birthplace _____

11. Registered Apprentice No. _____
Signed _____
Licensed Embalmer No. 3867
Sedalia
P. O. Address _____

12. Usual occupation _____
(a) Industry or business _____
(b) Birthplace _____
(c) Maiden name _____
(d) Birthplace _____
(e) Birthplace _____
(f) Birthplace _____