

FILED MAR 19 1946

Registration District No. 177

Primary Registration District No. 4304

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Ludlow
(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 38 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Ludlow
(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 Helen Maria Yahns

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife August Yahns 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Jan 18th 1852
(Month) (Day) (Year)

8. AGE: Years 94 Months 0 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Rock County Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Wolcott
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jemima Addington
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Merritt Yahns
(b) Address Ludlow, Missouri

17. (a) Burial (b) Date thereof 2017-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Monroe Center Cem.

18. (a) Signature of funeral director Simone J. Mead
(b) Address Braymer, Mo.

19. (a) 2-16-46 (b) Julius J. Euring
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1946 hour 10 minute 00p.m.

21. I hereby certify that I attended the deceased from Jan 1
1946 to Feb. 17 1946
that I last saw her alive on Feb. 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death flu
Due to _____
Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)

Duration

2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 336

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)
(2) Means of injury fall

23. Signature Geo. Morse (M. D. or other)
Address Ludlow, Mo Date signed 2-19-46

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

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PER 2 6 1953

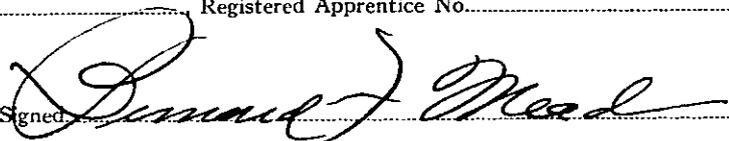
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

.....
Registered Apprentice No.....

Signed.....



.....
Licensed Embalmer No..... 2801

.....
P. O. Address..... Braymer, 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.