

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10275**
Registrar's No. _____

FILED MAR 20 1946
Registration District No. **254**

Primary Registration District No. **4385**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9195

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Koshkonong
(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 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **75**

(c) City or town Koshkonong **0**
(If outside city or town limits, write "RURAL") **0**

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eldorado Yarnell

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

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1946 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 1
1945 to Feb 7 1946
and that death occurred on the date and hour stated above.

that I last saw her alive on Feb 7 1946

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Chester Yarnell

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

7. Birth date of deceased August 26 1978
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of Ovary & general metastasis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

67	5	13	hr. _____ min.
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Major findings: _____

Of operations _____

Of autopsy _____ **490**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Howell County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name J. P. Stith

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

14. Maiden name Sarah A. Jenkins

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

16. (a) Informant G. F. Stith

(b) Address Koshkonong, Mo.

17. (a) Burial Burial (b) Date thereof 2/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong Cem.

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? _____

18. (a) Signature of funeral director Les Carr

(b) Address Thayer, Mo.

19. (a) 3/13/46 (b) Mayouesthomas
(Date received local registrar) (Registrar's signature)

23. Signature Les Carr (M. D. or other) _____

Address Thayer, Mo. Date signed 2-2-46

352 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 346260

Date Filed 9, 18-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.