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

FILED AUG 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26888

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 646

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1201 N. Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1201 N. Campbell 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nettie Yakey

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ~~Wm. G.~~ Wm. G. Yakey

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July 5-1871
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 75	0	29	hr. min.

9. Birthplace Grundy Co., ~~Mo~~ (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Phillip Hill
13. Birthplace ~~Penn~~ UNK (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Mary Reed
15. Birthplace UNK (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Miss Helen Yakey
(b) Address 1201 N. Campbell, Spgd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director J. W. Klimgner & Co.
(b) Address Springfield, Missouri

19. (a) 8-8-46 (Date received local registrar) (b) E. W. Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4 year 1946 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug-4-1946 to Aug-4-1946 that I last saw he alive on Aug-1-1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None

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 0

23. Signature Henry Thurston M. D. or other

Address 4501 N. Grand Date signed Aug 4/46
Spfd., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

111

JUN 24 1957

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 Ogle Slone Jr.

Licensed Embalmer No. 4196

P. O. Address Springfield

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.