

FILED JUL 21 1948

Registration District No.

Primary Registration District No.

5327

Registrar's No.

11

1. PLACE OF DEATH:

- (a) County Crawford
(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
all of his life
(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 FULL NAME MILTON BONAPATE YEARYSE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Belle 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept 5 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 10 hr. min.

9. Birthplace Crawford Co mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry P. Yeary
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Jane Carth
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Freeman
(b) Address Steelville, mo
17. (a) Burial (b) Date thereof Dec 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Steelville Cpn

18. (a) Signature of funeral director Jones & Son
(b) Address Steelville, mo
19. (a) 7/13/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Crawford
(c) City or town 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Jan 1
1943 to Aug 15 1946
Dec 15 1946
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death: chronic valvular disease of heart

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations 9219

Of autopsy _____

Duration

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 R. b. Parker (M. D. or other)Address Steelville mo Date signed 7-13-48

~~Date Filed~~
~~District File Number~~ 7-14-48
~~District Health Officer No. 5,~~ 48460
RECEIVED 7-14-48

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 L. J. Jones

....., Registered Apprentice No.
working under my personal supervision.

Signed L. J. Jones
Licensed Embalmer No. 2379
P. O. Address Steubenville, 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.