

Registration District No. 208

Primary Registration District No. 5762

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Maywood (Rural)
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁶⁴

(c) City or town Maywood (Rural)
(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 _____

3. (a) PRINT FULL NAME Mary Pauline Yarbrough

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 20 1946 to Dec 16 1946 that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Joseph Yarbrough

6. (c) Age of husband or wife if alive 30 years (Day) (Year)

7. Birth date of decedent April 30 1859 (Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 20 yrs

8. AGE: Years 87 Months 7 Days 15 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Marion Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Otto Minch

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

14. Maiden name Mary Ricketts

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

PHYSICIAN

Major findings: _____
Of operations 937
Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Howard Yarbrough

(b) Address Maywood Mo.

17. (a) Burial (b) Date thereof Dec 17 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hexter.

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 Thomas Ball

(b) Address Evings, Mo.

19. (a) Dec 23, 1946 (b) Viola Lee (Date received local registrar) (Registrar's signature) Deputy

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (D. or other) _____
Address Palmyra Mo. Date signed 12/19/46

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. 1744

P. O. Address Ewing, 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!