

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Oshorn 35265
State File No. 35265
Registrar's No. 315

FILED NOV 10 1947

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1501 So Limit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 years
(Specify whether years, months or days)
In this community 28 years

3. (a) PRINT FULL NAME POLEATA F. YARNELL

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Hamilton H. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 6 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name W.H. Varner
13. Birthplace Page Co Va
(City, town, or county) (State or foreign country)
14. Maiden name Elsie Jane Varner
15. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Yarnell
(b) Address Sedalia Mo
17. (a) Burial (b) Date thereof 9-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial in Cooper Co
18. (a) Signature of funeral director Geo. Dillards
(b) Address Sedalia Mo
19. (a) 9-20-47 (b) Betty Yeager
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1501 So Limit 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1947 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from July 27 1947 to Sept 19 1947
that I last saw her alive on Sept 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 30 min
Due to fracture of neck of femur 6 weeks
Due to _____

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

Major findings: Of operations _____
Of autopsy 166
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) accident 32
(b) Date of occurrence July 29-47
(c) Where did injury occur? At home, Sedalia
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home - slipped on floor
(Specify type of place) (e) Means of injury Fall
While at work? _____
23. Signature Oshorn (M. D. or other) M.D.
Address Sedalia Mo Date signed Sept 20 47

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 11-6-47

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

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.