

No. 2
5-43
5-17-39
10-336571

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35341
Registrar's No. 739

Registration District No. 290
Primary Registration District No. 4427

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days) 7 days
In this community 7 days

3. (a) PRINT FULL NAME Henry Devor Yeary
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 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 22 1867
(Month) (Day) (Year)
8. AGE: Years 80 Months 5 Days 10 If less than one day hr. _____ min. _____
9. Birthplace Wilson Mill Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
12. Name Henry P. Yeary
13. Birthplace Henry Co. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mildred J. Chater
15. Birthplace Crawford Co. Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Leona Williford
(b) Address R. 1, Mo.
17. (a) Burial (b) Date thereof 11-5-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waynesville Cemetery
18. (a) Signature of funeral director W. J. Jones & Son
(b) Address Waynesville Mo.
19. (a) Nov 7 1947 (b) Helma C. Buehler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Crawford
(c) City or town Waynesville
(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 Nov day 2 year 1947 hour 5:20 minute P M.
21. I hereby certify that I attended the deceased from 10-26 1947 to Nov 2 1947
that I last saw him alive on 11/2 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial Pneumonia
Due to 1. Fracture of humerus
2. Senility
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
186P
18
18

PHYSICIAN
Underline
SUPPLEMENTARY
INFORMATION
REQUESTED
If changed state
initially.

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 Wm. J. Jones (M. D. or other) _____
Address Waynesville Mo. Date signed 11/2/47

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

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 Harry M. Jones
Embalmed., Registered Apprentice No. _____,
working under my personal supervision.

Signed

Harry M. Jones

Licensed Embalmer No. 2428

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(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 _____
years, months or days)

3. (a) PRINT
FULL NAME

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

7. Birth date of deceased May 22
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 1 If less than one day
hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 Year 1947 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 type of injury) Due to fall

(b) Date of occurrence Oct 26 1947

(c) Where did injury occur? In home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature Wm R. Taylor (M. D. or other)

Address Waynesville Mo Date signed 11/18/47

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

SUPPLEMENTARY

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