No. 2
—1/47
5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37527

FILED DEC 4 1947

Registration District No. 8

Primary Registration District No. 3017

Registrar's No. 178

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether
In this community 7 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN
(c) City or town VERSAILLES
(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

3. (a) PRINT FULL NAME DR. EDGAR P. YARNELL
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife NANNIE WOODS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 10 - 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	6	3	hr. min.

9. Birthplace MONITEAU COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation DENTIST
11. Industry or business DENTIST

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant MISS RUTH YARNELL
(b) Address KANSAS CITY - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation VERSAILLES - MO.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE - MO.
19. (a) 11-24-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1947 hour 8:00AM minute M.
21. I hereby certify that I attended the deceased from 10 Nov. 47, 19, to 20 Nov. 47, 19; that I last saw him alive on 19 Nov. 47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cachexia	30 days
Due to: metastatic carcinoma of the prostate	sev yrs
Due to:	
Other conditions: arteriosclerosis general (Include pregnancy within 3 months of death)	many yrs

Major findings:
Of operations: none under my care (previous surgery elsewhere where diagnosis established)
Of autopsy: none done

PHYSICIAN — Underline the cause of 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

23. Signature [illegible] (M. D. or other) MD
Address 329 Main St., Boonville Date signed Nov. 24 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-3-47

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 Fred W. Harris Registered Apprentice No. 476, working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville - 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.