

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9744

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 Yrs. (Specify whether
in this community 47 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike
Louisiana
(c) City or town 511 North 4th
(If outside city or town limits, write "RURAL")
(If rural, give location)
(d) Street No. 511 North 4th
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Frances Yager

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Henry Yager 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 18, 1912
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Addison F. Paschal
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Marjoria R. Frost
15. Birthplace Unknown, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant William Yager
(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 3/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cem.

18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Missouri

19. (a) 3/6/48 (b) Bernice Sallier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1948 hour 9:30P. M. minute

21. I hereby certify that I attended the deceased for past 10 yrs
....., 19....., to 19.....
that I last saw her alive on March 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Uterus 30 yrs

Due to

Due to

Other conditions Metastases to Regional Lymph Nodes
(Include pregnancy within 3 months of death)

Major findings: Of operations H&B
Of autopsy

Duration
30 yrs
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?

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

23. Signature Robert L. Anderson M.D.
Address Louisiana, Mo. Date signed 3/6/48

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

RECEIVED

Health Officer No. 10
District File Number 4-48-670

Date Filed APR -7 1948

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, ^{XXX} or by

working under my personal supervision.

Signed

George A. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.