FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31902

Registration District No. FILED OCT 25 1948

Primary Registration District No. 4009

Registrar's No. 273

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 606 West Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. 606 West Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Yenni
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gottlieb Yenni
6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased January (Month) 16 (Day) 1871 (Year)
8. AGE: Years 77 Months 9 Days 20 If less than one day ____ hr. ____ min.
9. Birthplace Savannah (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business At home
FATHER 12. Name John C. Gilmore
13. Birthplace County Down (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name Elizabeth Blair
15. Birthplace Denegal (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Gottlieb Yenni
(b) Address Savannah, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Mo.
18. (a) Signature of funeral director Heaton-Burnam
(b) Address St. Joseph, Mo.
19. (a) 10-11-48 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1948 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from 10-6-48, 19____, to 10-6, 1948
that I last saw her alive on 10-6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	10 hours.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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) How injury occurred

23. Signature Gilbert B. Talley (M. D. or other)
Address Savannah, Mo. Date signed 10-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1943

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3/26 10th, St Joseph

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.