

FILED DEC 23 1948

State File No. 12-48-152

Registration District No. 170

Primary Registration District No. 4264

Registrar's No. 137

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Conway
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

In this community life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Conway
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME John Albert Yeary

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1948 hour 1 minute PM

21. I hereby certify that I attended the deceased from 12-7-48 to 12-7-48
that I last saw him alive on 11-26, 1948
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Adah Yeary

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April-20-1867
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to Diabetes

Due to _____

Other conditions (Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>7</u>	<u>17</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Salesman

11. Industry or business Massey-Harris Co.

12. Name Jack Yeary

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

14. Maiden name Susan Smith

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

16. (a) Informant Mrs. Adah Yeary

(b) Address Conway, Missouri

17. (a) Burial (b) Date thereof 12-9-48
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conway, Missouri

18. (a) Signature of funeral director W. J. James

(b) Address Marshfield, Missouri

19. (a) 12-17-48 (b) Tarvie B. Bostick
(Date received local registrar) (Registrar's signature)

Major findings: Of operations (a)

Of autopsy _____

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 J. W. Rindley (M. D. or other MD)
Address Conway Date signed 12-8-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 3312

P. O. Address..... Marshfield, 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.