

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

13883  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kan Primary Registration District No. 1004 Registered No. 1097  
 (c) City Kansas City (d) Street No. St. Marys Hosp St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lenton Yeager  
 (a) Residence, No. 7114 Robinson St. St. Overland Park, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS (than 1 day, hrs. or min.)
<u>39</u>	<u>11</u>	<u>6</u>		

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER  
 13. NAME Lenton Yeager  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER  
 15. MAIDEN NAME Virginia E. Siedenstricker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) S. J. Siedenstricker  
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Marshall Mo. DATE April 20, 1939

19. FUNERAL DIRECTOR (ADDRESS) Campbell & Lewis  
Marshall Mo.  
Apr 18, 1939 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1934 to 4-18, 1939  
 I last saw him alive on 4-18, 1939. Death is said to have occurred on the date stated above, at 7:59 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic glomerulonephritis  
Chr. hypertensive myocarditis  
Uremia  
 Date of onset  
1928  
1928  
4-8-39

Other contributory causes of importance:  
51

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify  
 (Signed) Frank E. Cobb, M. D.  
 (Address) Overland Park, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**