

FILED AUG 16 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28336

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Jefferson Primary Registration District No. 5293
 or Jefferson City
 (c) City Jefferson City (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 227

2. PRINT FULL NAME

Pauline Katherine Yarskey
 (a) Residence, No. R. R. 1 - Jefferson City St. (If nonresident, give city or town and State)
 (Usual place of abode if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anthony Yarskey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 2 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Jefferson City Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Joseph Brandel
 14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Moss
 16. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

17. INFORMANT Anthony Yarskey
 (ADDRESS) R. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Martin's DATE Sept 2, 1940

19. FUNERAL DIRECTOR (NAME) James Lewis
 (ADDRESS) Jefferson City Mo.

20. FILED 9/3/40 D. B. DeLoe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1940, to Aug 30, 1940
 I last saw him alive on Aug 30, 1940. Death is said to have occurred on the date stated above, at 4:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1937

Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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) Gas. A. Hill M. D.
 (Address) Jefferson City Mo.

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 Tom N. Anderson

Licensed Embalmer, No. 3641

P. O. Address Jefferson City

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, above space should be left blank.