

D. 2
13-40
7-39
X23159

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 3007 Lafayette
(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 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARGARET IRENE YEATER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Harvey C. Yeater

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

7. Birth date of deceased Nov. 6th 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>0</u>	<u>23</u>	hr. _____ min.

9. Birthplace Gallatin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

12. Name Geo. P. Allen

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

14. Maiden name Sarah Miller

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

16. (a) Informant Mrs. Ralph H. Huffman

(b) Address 3007 Lafayette St. Joseph, Mo.

17. (a) Removal (b) Date thereof 12 - 1 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Mo.

18. (a) Signature of funeral director ELEEMAN & SON INC.

(b) Address ST. JOSEPH, MO.

19. (a) Nov 30 - 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 3007 Lafayette
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th.
year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from long intervals
for several years to Nov 29, 1940
that I last saw her alive on Nov 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Ch.

Duration _____ years

Due to art. Scler _____ years

Due to _____ years

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

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

85 While at work? _____
(Specify type of place) (e) Means of injury

23. Signature L. J. Fuson (M. D. or other) MD

Address St. Joseph Mo Date signed 11-30-40

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

DEC 10 1940

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 Les E Daniel

Licensed Embalmer No. 3300

P.O. Address 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.