

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **3712**

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

48  
3  
8

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Joseph Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **3 Yrs.** **0**  
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Eva Hosanna YAUCH.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **R. W. Yauch** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **October 10th, 1898**  
(Month) (Day) (Year)

8. AGE: Years **42** Months **11** Days **24** If less than one day  
hr. min.

9. Birthplace **Iron Mountain Michigan**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER, FATHER { 12. Name **Peter Baril**  
13. Birthplace **Canada**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Venne**  
15. Birthplace **Wisconsin**  
(City, town, or county) (State or foreign country)

16. (a) Informant **R. W. Yauch.**

(b) Address **4335 Mercer.**

17. (a) **Removal** (b) Date thereof **10/5/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Iron Mountain Michigan**

18. (a) Signature of funeral director **Melody-McGilley.**  
(b) Address **Kansas City Mo.**

19. (a) **10/5/41** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4335 Mercer.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Fourth** day **Oct**  
year **1941** hour **12:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 24**  
**1941**, to **Oct 4**, 19**41**  
that I last saw her alive on **Oct 4**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Pulmonary Embolism 5 min.**  
Due to **clp pulmonary embolism**  
Due to **12th rib fracture** **6 days.**

Other conditions (includes pregnancy within 3 months of death)

Major findings: **clp pulmonary embolism**  
Of operations **clp**  
Of autopsy **clp**

Duration  
PHYSICIAN  
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?

(Specify type of place) (a) Means of injury  
23. Signature **W. J. ...** D. or other  
Address **1409 Bryant Ave** signed **10/4/41**

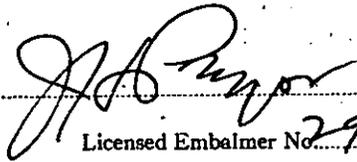
**STATEMENT BY LICENSED EMBALMER**

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. 2999

P. O. Address.....

KE

**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.