

FILED SEP 9 1944  
Registration District No. 260

Primary Registration District No. 2076

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
304 South Washington  
(If not in hospital or institution, write street number or locality)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 2.5 year  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon <sup>108</sup>

(c) City or town Nevada <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 304 South Washington  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jennie Bagley Yancey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19  
year 1944 hour 6:00 minute 57 P. M.

21. I hereby certify that I attended the deceased from Feb 27  
1944 to Aug 19 1944  
that I last saw her alive on Aug 19 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race A 6. (a) ~~Single~~, widowed, ~~divorced~~  
Widowed

6. (b) Name of husband or wife Paul H. Yancey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: February 4 1864  
(Month) (Day) (Year)

Immediate cause of death: Abdominal carcinoma <sup>8 mo?</sup>

Due Primary carcinoma of cervix

Due to \_\_\_\_\_

8. AGE: Years 80 Months 6 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rutland Vermont  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions: Hemiplegia <sup>6 mo</sup>  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy H6

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James A. Bagley

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Yellman

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Nevada Date signed 8-22-44

16. (a) Informant Rafayn H. Yancey

(b) Address 304 S Washington Nevada

17. (a) Burial (b) Date thereof Aug 21 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Burial Park

18. (a) Signature of funeral director Mary Funeral Home

(b) Address Nevada Missouri

19. (a) 8-25-44 (b) Bozel B. Bensch  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District # Officer No. 7

District File Number 8-44-6004

Date Filed 9-7-44

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**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 Me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J B Ferry

Licensed Embalmer No. 1960

P. O. Address Nevada 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.**