

FILED AUG 9 1945
Registration District No. _____ Primary Registration District No. 4238 Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Buckner, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at her home at daughters /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no (Specify whether
 In this community 18 mos
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Buckner 6
(If outside city or town limits, write "RURAL")
 (d) Street No. North Ward of Town 0
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. MARY WILL YUILLE
 3. (b) If veteran, name war no 3. (c) Social Security No. X
 4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow 7
 6. (b) Name of husband or wife Mr. George Yuille 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased Aug. 15th. 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 22
 year 1945 hour 11 minute 00 P.M.
 21. I hereby certify that I attended the deceased from 10 1944 to July 21 1945.
 that I last saw her alive on July 21 1945.
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 11 22
 hr. min.

Immediate cause of death Hypertensive pneumonia
myocardial degeneration
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations none
 Of autopsy none

9. Birthplace Carroll Co. Mo. 0
(City, town, or county) (State or foreign country)
 10. Usual occupation Hswi
 11. Industry or business her home
 12. Name Thos Milton Ewing
 13. Birthplace Carroll County Mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Addie Chapman
 15. Birthplace Carroll County Mo. 0
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Hallie Adkins
 (b) Address Buckner Mo.
 17. (a) Burial (b) Date thereof July 24/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Carrollton Mo
 18. (a) Signature of funeral director V.M. Kappert
 (b) Address Buckner Missouri
 19. (a) July 23 1945 (b) V.M. Kappert
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 2
 23. Signature L.W. Higgins (Date signed) July 23 1945
 Address Buckner 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 Personally, Registered Apprentice No. _____
working under my personal supervision.

Signed V. M. Reppert

Licensed Embalmer No. 2371

P. O. Address Buckner 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.