

FILED AUG 9 1945

Registration District No. 293

Primary Registration District No. 5859

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville - Rural - Monroe Town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
24 years
 In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Maryville - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles South & 5 miles West
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles August Yahrmark

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month July day 10 year 1945 hour about 9 minute 3 P. M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married

21. I hereby certify that I attended the deceased from not attended
 _____, 19____ to _____, 19____;
 that I last saw him alive on July 7th, 1945
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: Ella M. Yahrmark
April 27 1878
 (Month) (Day) (Year)

Immediate cause of death: Heart failure

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hr. _____ min. _____

Due to Chronic Arthritis 2 yrs
 Due to Chronic Myocarditis
died in field at night working - plowing
found dead about 4:30 A.M. 7-11-45

9. Birthplace Nodaway County Missouri
 (City, town, or county) (State or foreign country)

Other conditions: _____
 (Include pregnancy within 3 months of death)

10. Usual occupation farmer

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

11. Industry or business _____
 12. Name August Yahrmark
 13. Birthplace Wisconsin
 (City, town, or county) (State or foreign country)
 14. Maiden name Amelia Walters
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

Major findings: no operations
 Of operations _____
 Of autopsy no autopsy 93 di

16. (a) Informant Mrs. Ella Yahrmark
 (b) Address Maryville, Missouri

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?

17. (a) Burial (b) Date thereof July 13, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____ (Specify type of place)
 (e) Means of injury 3

(c) Place: burial or cremation Miriam Cemetery

23. Signature L. P. Dean Coroner (M. D. optional)
 Address Maryville Mo Date signed 7-12-45

18. (a) Signature of funeral director Price Funeral Home
 (b) Address Maryville Mo

19. (a) July 13/45 (b) Mrs John Hockenbuhl
 (Date received local registrar) (Registrar's signature)

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

74
0
0

DEC 29 1955

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 John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville 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.