

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
FILED MAY 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. **15822**
Registrar's No. **522**

Registration District No. **42** Primary Registration District No. **1000**

11
1
7
14774
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St Joseph**
(c) Name of hospital or institution: **St Joseph # 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 yrs 7 mo 8 days**
(Specify whether years, months or days) **6 yrs 7 mo 24 da**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **St Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **1274** **Parson**
(If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country

3. (a) PRINT FULL NAME **David Yeador**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**
6. (b) Name of husband or wife **Clayton Taylor** 6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **Dec 9 1880**
(Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **24** If less than one day hr. min.

9. Birthplace **St Joseph Mo**
(City, town or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business

MOTHER FATHER
12. Name **Oscar Bell**
13. Birthplace **Ill** (City, town or county) (State or foreign country)
14. Maiden name **not given**
15. Birthplace **" "** (City, town or county) (State or foreign country)

16. (a) Informant **Carl Bell**

(b) Address **4610 High Hill Mo**

17. (a) **Burial** (b) Date thereof **5-8-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery, Mo**

18. (a) Signature of funeral director **John W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **May 16 1946** (b) **J. H. H. H. H.**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**
year **1946** hour **11:45** minute **00** M.

21. I hereby certify that I attended the deceased from **May 21** 19**46** to **May 3** 19**46**;
that I last saw **him** alive on **May 13** 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **9/30**

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

23. Signature **L. S. Taylor** (M. D. or other)

Address **St Joseph Mo** Date signed **5/3/46**

Duration **7**
PHYSICIAN
Underline the cause to which death should be charged statistically.

APR 10 1929

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.....

Will be embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Cecil R. Matthes*.....

Licensed Embalmer No. *3807*.....

P. O. Address *Kansas City, 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.