

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Lakeside Hospital
(d) Length of stay: In hospital or institution 2 days
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Warsaw
(d) Street No. 1
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JULIA DEAN YEAGER
(b) If veteran, name war NO
(c) Social Security No. NO

20. DATE OF DEATH: Month 2 day 21 year 1947 hour minute M.

4. Sex FEMALE 5. Color or race White
6. (a) Single, widowed, married, divorced, widower &
6. (b) Name of husband or wife NANA UNK.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 1972

21. I hereby certify that I attended the deceased from 2-19-47 to 2-21-47 that I last saw her alive on 2-20-47 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 5 Days 16 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage
Due to Intestinal Obstruction
Due to Senility
Other conditions strangulated hernia

9. Birthplace MILAN MISSOURI
10. Usual occupation HOUSEWIFE

Major findings: Strangulated obstructions of Intestinal tract
Of autopsy 1230
PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business HOME
12. Name JOHN LINK
13. Birthplace Ky
14. Maiden name MARY McDowell
15. Birthplace Ky

16. (a) Informant Alfred Yeager
(b) Address Platte City Missouri
17. (a) Burial (b) Date thereof Feb 23, 1947
(c) Place: burial or cremation Bethel Camp Ground

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director RESER FUNERAL HOME
(b) Address WARSAW, MO
19. (a) 2-21-47 (b) Geraldine Holman

23. Signature M L Fletcher (M. D. or other)
Address 1103 E 47 Date signed 2-21-47

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

Residential case 1

MAR 25 1947

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 F. Reser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.