

FILED JUL 3, 1947

Registration District No. **1, 3**

Primary Registration District No. **5061**

Registrar's No. **38**

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

1. PLACE OF DEATH:

(a) County **Barry**
 (b) City or town **Pleasant Ridge "Rural"**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4 miles south of Vernon
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community **65**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry** **5**
 (c) City or town **Vernon, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Pleasant Ridge "Rural"**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

THELMA YEDGER

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married divorced **married**
 6. (b) Name of husband or wife **JOE YEDGER** 6. (c) Age of husband or wife if alive **18** years
 7. Birth date of deceased **SEPT 18 64**
(Month) (Day) (Year)

8. AGE: Years **83** Months **8** Days **19** If less than one day
hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Sebastian Eischer** **4**
 13. Birthplace **Germany** (City, town, or county) (State or foreign country)
 14. Maiden name **Anna Rupp**
 15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nell Rice**
 (b) Address **Vernon, Mo.**

17. (a) **Burial** (b) Date thereof **June 12, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Secret Heart, Vernon, Mo.**

18. (a) Signature of funeral director **Dean Marsh**

(b) Address **Vernon, Mo.**

19. (a) **6-16-47** (b) **W. M. West**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**
 year **1947** hour **1** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **March 3, 1946** to **June 10, 1947**
 that I last saw her alive on **June 10, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Block**
 Due to **Infarction**
 Due to **Atherosclerosis of Cor. Arteries**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94A**
 Of autopsy

Duration **7**
60 days
Physician
 Underline the cause to which death should be charged statistically.

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 **21**

23. Signature **F. Avery Watson** (M. D. or other) **D.O.**
 Address **Vernon, Mo.** Date signed **6-16-47**

RECEIVED

District Health Officer No. 6;

District File Number 647-684

Date Filed JUN 30 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 _____

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

Signed Richard L. Marsh

Licensed Embalmer No. 3812

P. O. Address Quora 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.