

S. No. 2  
M-1/47  
W. 5-17-39

National Office of Vital Statistics

Registration District No. 3-2-8

Primary Registration District No. 5-2-16

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Fremont (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
home of her son  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter 18

(c) City or town Fremont 0  
(If outside city or town limits, write "RURAL")

(d) Street No. no (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Ana Elizabeth Yardley

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased Dec 31, 1947 that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife A.M. Yardley 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 11 1885  
(Month) (Day) (Year)

Immediate cause of death Tuberculosis Pulmonis 2 years

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations 1 2 B

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

8. AGE: Years 62 Months 5 Days 20 If less than one day hr..... min.

9. Birthplace Crawford Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business.....

12. Name C. S. Pulliam

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Martin

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant E.C. Yardley  
(b) Address Fremont Mo.

17. (a) Burial (b) Date thereof 1-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Abrem Cemetery

18. (a) Signature of funeral director Seaton Pruitt  
(b) Address Van Buren Mo.

19. (a) Jan. 9-48 Mrs. Octa Henson (Date received local registrar)  
(b) Registrar's signature SD

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) (State)

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

While at work?..... (e) Means of injury 0

23. Signature W.T. Rudy (M. D. or other)

Address Emmense Mo Date signed 1-5-48

RECEIVED

District Health Officer No. 5,

District No. 14876  
Date 1-29-48

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 \_\_\_\_\_

Chas S. Peritt

Registered Apprentice No. 11

working under my personal supervision.

Signed Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.