S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1948

Registration District No. 143

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16184

Primary Registration District No. 5560

Registrar's No. 58

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Rural — Willow Spgs. Twp.
(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 years, months or days)
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Willow Springs Township
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM HENRY YAHNE

3. (b) If veteran, name war None

3. (c) Social Security No. 497-30-2887

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife FLORA CASH YAHNE

6. (c) Age of ~~husband~~ or wife if alive 51 years

7. Birth date of deceased FEB. (Month) 19 (Day), 1889 (Year)

8. AGE: Years 59 | Months 2 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace GALENA (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation FARMER & CARPENTER

11. Industry or business

FATHER
12. Name WM. HENRY YAHNE
13. Birthplace ILL. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant MRS. FLORA YAHNE
(b) Address R. RT. MT. VIEW, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ NEASE CEMETERY

18. (a) Signature of funeral director J C Burns
(b) Address Willow Springs, Mo.

19. (a) 5/25/48 (Date received local registrar) (b) Marthalee Bullard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1948 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 5/8, 1948, to 5/8, 1948; that I last saw him alive on 5/8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature [illegible] M.D.
Address West Plains, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-11-48
District Health Officer No. 5,
District File Number 648394
Date Filed 6-11-48

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 Fred Wm. Barnes, Registered Apprentice No. 413, working under my personal supervision.

Signed J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, M

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.