

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

FILED JAN 31 1949

Registration District No. **322**

Primary Registration District No. **3071**

Registrar's No. **34**

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Slater
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no (Specify whether
 In this community 50 years years, months or days)

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

3. (a) PRINT FULL NAME John Coleman Yager

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

4. Sex male **5. Color or** white **6. (a) Single, widowed, married,** married
 divorced

6. (b) Name of husband or wife Lula Yager **6. (c) Age of husband or wife if** 83 years
 alive

7. Birth date of deceased November 27 1864
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Howard County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation retired, laborer

11. Industry or business William Booth Yager

12. Name don't know

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

14. Maiden name Mahala McCurry

15. Birthplace don't know
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Yager
 (b) Address Slater, Mo.

17. (a) burial (b) Date thereof 12-15-'48
 (Burial, cremation, or removal) (Month) (Day) (Year)
Slater, Mo.

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Hill Brothers,
Slater, Mo.
 (b) Address _____

19. (a) 12-15-48 (b) Ms. Earl C. Metz
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 13th
 year 1948 hour 11 minute p M.

21. I hereby certify that I attended the deceased from Dec. 6, 1948 to Dec. 13, 1948
 that I last saw him alive on Dec. 13, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial failure ink.
Cerebral hemorrhage ink.
Hypertension?
 Other condition _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
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)
 (a) Means of injury _____
23. Signature P. J. McJurney (M. D. or other)
Slater, Mo. Date signed 12/19/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-28-49

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.....

Gay F. Hayes Jr......, Registered Apprentice No. 88
working under my personal supervision.

Signed Sam M. Hill.....

Licensed Embalmer No. 1292

P. O. Address Slater 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.