

FILED AUG 9 1943 74

Registration District No. _____

Primary Registration District No. 2052

Registrar's No. 234

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

80
6
4

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Hrs.
(Specify whether years, months or days)

In this community: 76 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

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

(d) Street No. 624 W 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Emmett Yeater

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Elizabeth Doyle Yeater 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 24 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Retired Attorney

12. Name John Jameson Yeater

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

14. Maiden name Sarah Jeanette Ellis

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

16. (a) burial (b) Date thereof July 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Place of burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 7/24/43 Mrs Anna Berger (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1943 hour 12:15 minute 15 M.

21. I hereby certify that I attended the deceased from July 19 1943 to July 20 1943
that I last saw him alive on July 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulated Inguinal hernia. Shock.
Duration 16 hrs

Due to _____
Due to 127 f 2

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

Major findings: Large strangulated hernia

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? _____

While at work _____ (Specify type of place) _____
Means of injury _____

23. Signature [Signature] (M. D. or other) MD.
Address Sedalia Mo Date signed 7-24-43

RECEIVED

District Health Officer, No. 8,

District File Number _____
Date Filed 6-6-23

OR

9-23 - 10/15/23
EX-11 - 10/15/23
EX-12 - 10/15/23
EX-13 - 10/15/23

one of licensed hospital employees
at the time of death

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.