

Rev. 5-17-30
I X19511

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Monteair

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

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

(d) Length of stay: In hospital or institution 12 days
(Specify whether)

In this community 12 days
years, months or days

8. (a) PRINT FULL NAME Thomas Clanton Yarnell

8. (b) If veteran, name war 1

9. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Bessie M. Yarnell

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 25, 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 6
If less than one day hr. min.

9. Birthplace Cooper La Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Tom Yarnell

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

14. Maiden name Frances Miller

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

16. (a) Informant's own signature Bessie M. Yarnell

(b) Address Lupton Mo

17. (a) removal (b) Date thereof 2/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lupton Mo

18. (a) Signature of funeral director J. L. Latham

(b) Address Lupton Mo

19. (a) 2-1-40 (b) J. L. Latham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OR DECEASED:

(a) State Missouri (b) County Monteair

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

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

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1940 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan 21, 1940, to Feb 1st, 1940
that I last saw him alive on Feb 1st, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal Disease
(General anasarca)

Due to Cause unknown

Due to Nephritis Chronic and
Subular heart disease

Other conditions Cause unknown
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations no autopsy

Of autopsy no autopsy

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 _____

23. Signature L. L. Latham (M. D. unmarked)
Address California Mo Date signed Feb 1 1940

Duration 2 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Jesse E. Richards,
Licensed Embalmer No. 2466
P. O. Address Lupton 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, above space should be left blank.