

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

N. B.—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. 775 Primary Registration District No. 6070-A

1. PLACE OF DEATH:  
(a) County St. Francois FILED FEB 19 1940  
(b) City or town Bonne Terre Mo  
(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)  
In this community 84 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME LELLA NELLIE YODER  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marvin Yoder  
6. (c) Age of husband or wife if alive 29 years  
7. Birth date of decease Feb. 21 1915  
(Month) (Day) (Year)

8. AGE: Years 24 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Pettus

13. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Rawson

15. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marvin Yoder

(b) Address Bonne Terre Mo.

17. (a) Burial (b) Date thereof Jan. 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Primrose

18. (a) Signature of funeral director Central Burial Co  
(b) Address 213 Benton St. Bonne Terre Mo

19. (a) 1-23-40 (b) N. W. Hawkers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
1940  
(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1940 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from January 20 1940 to January 21 1940;  
that I last saw her alive on January 20 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease Duration 5 years

Due to \_\_\_\_\_

Due to 1940

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of 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)

(a) Means of injury \_\_\_\_\_

23. Signature Marvin J. Haw (M. D. Mo. 141)  
Address Bonne Terre, Mo. Date signed 1-22-40

PHYSICIAN  
Underline the cause to which death should be charged statistically

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**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.....

*C. J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address *Council Bluffs 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.**