

FILED AUG 18 1945

State File No. _____

Registration District No. 13

Primary Registration District No. 3014

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
In his home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 331 D Jewell
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FELIX FRANCIS YINGLING

3. (b) If veteran, name war none

3. (c) Social Security No. 500-07-7119

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Daisy C. Yingling

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Felix 29-1880
(Month) (Day) (Year)

8. AGE: Years 65 1/2 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name George W. Yingling

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

14. Maiden name Priscilla C. Conner

15. Birthplace Ray Co, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy C. Yingling

(b) Address 331 - South Jewell Liberty Mo

17. (a) Burial (b) Date thereof Aug. 13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo

18. (a) Signature of funeral director G. Arch. Archer Co.

(b) Address Liberty, Mo

19. (a) Aug 13-45 (b) Stellen Early
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1945 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 9 to Aug 11, 1945; that I last saw him alive on Aug 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Due to Hypertension

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy GI

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 Stellen W. Henderson (M. D. or other) _____
Address Liberty, Mo Date signed 8/12/45

Duration 5 1/2 hrs

Lucy

Lucy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
2
1

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

9-16-45

SEP 12 1945

FEB 4 1946

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 _____

Edgar Archer

Licensed Embalmer No. *3311*

P. O. Address _____

Liberty, 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.