Board of Health

21076

Do not use this space.

REC'D JUL 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002 Registered No.

(c) City Kansas City, Mo. 1 (d) Street No. 3005 Forest Avenue, K.C.Mo. 2344 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 Lilly May Yount,

(a) Residence, No. 3005 Forest Avenue, K.C.Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas T. Yount

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1871

7. AGE: YEARS 67 | MONTHS 7 | DAYS 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

FATHER
13. NAME Edward Hassig 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey 4

MOTHER
15. MAIDEN NAME Sarah Jane Floyd 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Thomas T. Yount, 3005 Forest Avenue, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemetery DATE June 7th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L.Forster 918 Brooklyn Avenue, K.C.Mo.

20. FILED 6/7 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6; P.M. m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Death by hanging

165

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6-5-1939
Where did injury occur? K.C.Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Found hanging in basement
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Victor B. Fuhler M.D. 4
(Address) Gen Hosp, K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

50M-1-12-38 I X14028

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.....

Licensed Embalmer No.....

P. O. Address.....

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.