

AUG 10 1939

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

26943  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796  
(b) Township Marshall Primary Registration District No. 3038  
(c) City Marshall, Mo. Street No. \_\_\_\_\_ 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.

Registered No. 120

2. PRINT FULL NAME

(a) Residence, No. So. Broadway 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6, 1923

7. AGE YEARS 16 MONTHS 4 DAYS 11 LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Student  
9. Industry or business in which work was done, as saw mill, bank, etc. Student  
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) Marshall, Mo.

FATHER 13. NAME Elmer Yaba

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co., Mo.

MOTHER 15. MAIDEN NAME Mary Vaught

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co., Mo.

17. INFORMANT (ADDRESS) Elmer Yaba, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Glen DATE July 19, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. E. Sasser, Marshall, Mo.

20. FILED 7-18-39 Mary Kent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939, to July 17, 1939

I last saw him alive on July 17, 1939 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Enteritis Etiology Autism

Other contributory causes of importance: 120

Name of operation Cl. & Autopsy Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yo

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) M. D. Kent M. D. Marshall, Mo.

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8/9/59

STATEMENT BY LICENSED EMBALMER

I, J. Lechi Summary, Licensed Embalmer No. 3225  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself,  
         L. E.           
No.          or by         , Registered Apprentice No.           
working under my personal supervision.

Signed J. Lechi Summary  
Licensed Embalmer No. 3225

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.)