

AUG 29 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28459

FILED SEP 29 1940

Registration District No. 29350

Primary Registration District No. 5416

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Robertsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Robertsville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Robertsville
(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.

8. (a) PRINT FULL NAME Maria Yokley 240

8. (b) If veteran, name war - 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 94 years

7. Birth date of deceased 12 (Month) 15 (Day) 1857 (Year)

8. AGE: Years about 82 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Liles Co. Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Harry Alexander

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Jane Wallace

(b) Address 532 Holland ave

17. (a) (Burial, cremation, or removal) (b) Date thereof 8-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation Robertsville Mo.

18. (a) Signature of funeral director J. C. Lewis

(b) Address Webster Avenue

19. (a) 8-15-40 (Date received local registrar) (b) Mary E. Goss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14 year 1940 hour 3 minute 9-M.

21. I hereby certify that I attended the deceased from 8-7 to 8-14 1940 that I last saw her alive on 8-12 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____
Due to _____ A7P

Other conditions (Include pregnancy within 3 months of death) Myocardial inf.

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? 266

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. Derry (M. D. or other) W.D.
Address Union Mo Date signed 8-17-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 _____

J. P. Lewis

Licensed Embalmer No. *2027*

P. O. Address *22 Euclid - Mehta*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.