

OCT 12 1940

Registration District No. 76

Primary Registration District No. 4068

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution:
California St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community 2 years
(years, months or days)

3. (a) PRINT FULL NAME Alvis V. Yoakum

3. (b) If veteran, name was None

3. (c) Social Security None

4. Male 5. Color or face White

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

6. (b) Name of husband or wife Elizabeth Yoakum

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 25, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>6</u>	hr. min.

9. Birthplace Caldwell Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name William Yoakum

13. Birthplace Tennessee.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Paul

15. Birthplace Tennessee.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Yoakum

(b) Address Hamilton, Mo.

17. (a) Burial (b) Date thereof Aug. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Ray Co. Mo.

18. (a) Signature of funeral director Brown Funeral Home

(b) Address Hamilton, Mo.

19. (a) Aug. 3, 1940 (b) Merle Brown
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

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

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1940 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from (P) 19 to Aug 1940
that I last saw him alive on July 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to Cerebral Hemorrhage 16200

Due to _____

Other conditions 11/11
(Include pregnancy within 3 months of death)

Major findings: 11/11
Of operations _____

Of autopsy _____

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

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 Merle B. Booth (M. D. or other) _____
Address _____ Date signed Aug 3/40

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

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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.....

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.