

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43438

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 369

## 1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
908 West Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Louis Charles Yunker3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-07-4385

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie L. Yunker 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Sept. 5, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 27 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Druggist11. Industry or business Drug12. Name Louis Carl Yunker13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Nellie L. Yunker(b) Address Sedalia, Missouri17. (a) Burial (b) Date thereof 12/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crown Hill18. (a) Signature of funeral director Gillespie Funeral Home(b) Address Sedalia, Missouri19. (a) 12/2/40 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 908 West Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2  
year 1940 hour 6 minute 05 A. M.

21. I hereby certify that I attended the deceased from Dec 1 1940  
Dec 2, 1940 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Dec 1, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Coronary Embolism  
Due to \_\_\_\_\_  
Duration Few minutes only.

Ch. Myocarditis  
Due to \_\_\_\_\_  
Duration ?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature John B. Overline M.D. (M. D. or other) \_\_\_\_\_  
Address 314 A. Ohio Street Date signed 12-2-40  
Sedalia Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-14-41

### 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, fact should be so stated above.