

FILED FEB 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1051
Registrar's No. 11

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Robinson Clinic 2625 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days) 0
In this community Non-Resident

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Washington
(c) City or town Bartlesville 900
(If outside city or town limits, write "RURAL") 34
(d) Street No. 1423 Delaware Street 0
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. 9 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1941 hour 7 minute 15 P M.
21. I hereby certify that I attended the deceased from Nov 30
1940, to Jan 1, 1941
that I last saw h. alive on Jan 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CONGESTIVE MYOCARDITIS 24 HRS
CHRONIC MYOCARDITIS SEVERAL YEARS

Due to CHRONIC MYOCARDITIS SEVERAL YEARS
Due to CHRONIC MYOCARDITIS SEVERAL YEARS
Other conditions (Include pregnancy within 3 months of death)
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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature Swire Robinson (M. D. or other) M.D.
Address 2625 Paseo Date signed 1-2-41

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

3. (a) PRINT FULL NAME Mrs. Hazel M. Youker

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife M. P. Youker 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. 1 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Detroit, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business House Wife

12. Name J. W. Wadsworth

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace XXXXXXXXXX 9
(City, town, or county) (State or foreign country)

16. (a) Informant M. P. Youker

(b) Address Bartlesville, Oklahoma

17. (a) Removal (b) Date thereof Jan. 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bartlesville, Okla.

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Missouri

19. (a) 1-2-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, Mo.

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.