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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11083

Registration District No. 445 Primary Registration District No. 5580 Registrar's No. 14-79

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rural - Murnac
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) In this community ✓ Yokley

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3867 Windsay Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Ernest J Yokley
3. (b) If veteran, name war World
3. (c) Social Security No. 497-07-9983
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cloteal Yokley
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Aug 29th, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1894. 46	47	17	hr. min.

9. Birthplace Robertsville Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Hard Carrier
11. Industry or business Pine Smith
FATHER 12. Name Jacob Yokley
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Cloteal Yokley
(b) Address 3867 Windsor Place
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Jeff. B.K.S. Cemetery
18. (a) Signature of funeral director Adams Undertaking
(b) Address 3849 Windsor Place
19. (a) 4/25/1941 (Date received by registrar) (b) James A Donnelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1941 hour 11 PM minute 00 P.M.
21. I hereby certify that I attended the deceased from Coroner, 19 to 19; that I last saw him alive on none, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
multiple fractures skull	
Due to traumatic injury when truck turned over	
Due to	
Other conditions shock	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy fracture left temporal bone, mandible, fracture of left clavicle

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) accident
(b) Date of occurrence April 11, 1941
(c) Where did injury occur? Hi-Way 66 Pacific Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hi-Way (Specify type of place)
While at work? No (e) Means of injury Auto-Accident
23. Signature Walter E. Gibson (M. D. Coroner)
Address Sedalia, Mo. Date signed 4/15/41

(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Gibson

Licensed Embalmer No. 2963

P. O. Address 2910 Franklin

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

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