

No. 2
1-4-41
39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28615

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(c) Name of hospital or institution 211 MAIN STREET
(d) Length of stay: In hospital or institution NONE
In this community 30 YEARS /

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town JOPLIN
(d) Street No. 213 N. JOPLIN
(e) Citizen of foreign country? No
If yes, name country No

3. (a) PRINT FULL NAME CECIL YOCUM
3. (b) If veteran, name war WORLD WAR
3. (c) Social Security No. 491-027407

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUGUST day 22 year 1941 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BEATRICE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH 18 1892 (Month) (Day) (Year)

Immediate cause of death Acute coronary occlusion
Duration

8. AGE: Years 49 Months 5 Days 4 If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

9. Birthplace BRANTENWOOD ARKANSAS (City, town, or county) (State or foreign country)

10. Usual occupation DISH WASHER

11. Industry or business RESTAURANT

MOTHER FATHER
12. Name No RECORD
13. Birthplace No RECORD
14. Maiden name No RECORD
15. Birthplace No RECORD

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?

16. (a) Informant Beatrice Yocum
(b) Address 213 N. Joplin St. Joplin Mo.

17. (a) BURIAL (b) Date thereof 8-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Thurlbut Und Co.
(b) Address 212 Joplin St. Joplin Mo.

19. (a) 8-23-41 (b) Ed H. Dancy (Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (Specify type of place) (or) Means of injury
Address Joplin, Mo. Date signed

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

SEP 2 1941

SEP 8 1941

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

Sam E. Seneaney Jr

Licensed Embalmer No. *4099*

P. O. Address

Joplin 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.