S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32762

Registration District No. 839

Primary Registration District No. 6101.

Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Essex Mo R1
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Essex Mo R1
(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.

3. (a) PRINT FULL NAME Melvin Donnie Yant
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 1, 1941 (Month) (Day) (Year)

8. AGE: Years | Months 2 | Days | If less than one day hr. min.

9. Birthplace Essex Mo R1 (City, town, or county) (State or foreign country)
10. Usual occupation —
11. Industry or business
FATHER
12. Name Donnie Yant
13. Birthplace Gideon Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Leatta Mitchell
15. Birthplace Stigler Okla. (City, town, or county) (State or foreign country)
16. (a) Informant Donnie Yant
(b) Address Essex Mo R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Taylor Ln
18. (a) Signature of funeral director Wilkins Funeral
(b) Address Dexter Mo
19. (a) 9-24-41 (Date received local registrar) (b) J. P. Brandon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1941 hour 9 minute 45 P M.
21. I hereby certify that I attended the deceased from Aug 30, 1941, to Aug 31, 1941; that I last saw him alive on Aug 31, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cholerhea Infantum	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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

119a

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? — (e) Means of injury —
23. Signature S. S. Davis (M. D. or other) 0
Address Dexter Mo Date signed 9-1-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 941-1320
Date Filed 9/26/44

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 B J Brentlinger
Licensed Embalmer No. 4201
P. O. Address Dexter, 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, above space should be left blank.