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DEC 22 1941

Registration District No. 678

Primary Registration District No. 5904

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Phelps  
(b) City or town St. James - Rural  
(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 Lip-tium (Specify whether years, months or days)

8. (a) PRINT FULL NAME THOMAS E. YEACH

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINNIE YEACH 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JUNE 28 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 20 - hr. - min

9. Birthplace St. James, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER - FATHER {  
12. Name not known  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Yeach

(b) Address St. James, Mo.

17. (a) Burial (b) Date thereof Nov. 21 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem.

18. (a) Signature of funeral director James T. Surman

(b) Address St. James, Mo.

19. (a) 12-1-41 (b) Elcie B. Dack  
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town St. James - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 18  
year 1941 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 1941 to Nov. 8 1941  
that I last saw him alive on Nov 7 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 3 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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 \_\_\_\_\_

23. Signature William H. Smith (M. D. certifier)  
Address St. James, Mo. Date signed 12/1/41

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

**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 *L. J. Jones*

Licensed Embalmer No. *2379*

P. O. Address *Stibole, 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.**