

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42693
State File No.

Registration District No.

Primary Registration District No.

3032

Registrar's No.

3

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 821 W 3rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Gustave Ludwick Yost

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

Married

6. (b) Name of husband or wife

Nellie Yost

6. (c) Age of husband or wife if alive

69 years

7. Birth date of deceased

March 5 1869
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

71 9 26 hr. min.

9. Birthplace

Morgan Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Machineist

11. Industry or business

Rail Road Co

12. Name

Ferdinand Yost

13. Birthplace

Germany
(City, town, or county) (State or foreign country)

14. Maiden name

Genett Schupp

15. Birthplace

Germany
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs Nellie Yost

(b) Address

Sedalia Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan 5-42
(Month) (Day) (Year)

(c) Place: burial or cremation

Memorial Park

18. (a) Signature of funeral director

Mrs Laughlin Brown

(b) Address

Sedalia Mo

19. (a)

1-3-42
(Date received local registrar)

(b) Mrs Anna Berger
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 821 W 3rd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1942 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from January 1942 to Jan 1 1942
that I last saw him alive on Jan 1st 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Embolism

Due to Arterio Sclerosis

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.

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 J. C. Smalley (M. D. or other)

Address Sedalia Date signed 1/3-42

FEB 18 1942

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.....

Robert H. Reed

Licensed Embalmer No.

3745

P. O. Address.....

Sedalia 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.