

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

7504

FILED MAR 16 1948
Registration District No. 8

Primary Registration District No. 5892

Registrar's No. 86

1. PLACE OF DEATH:

- (a) County Pelliss
(b) City or town Smithton RFD 1, Texas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Smithton Mo RFD 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 years
years, months or days)

3. (a) PRINT FULL NAME ELIZA JANE YUNKER

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife H. Frank Yunkin 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 8 1858
(Month) (Day) (Year)

- | | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 83 | 9 | 19 | hr. min |

9. Birthplace Jefferson County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

- MOTHER, FATHER { 12. Name James Madison Bohon
13. Birthplace Louisville Ky. 1
(City, town, or county) (State or foreign country)
14. Maiden name Polly Ann Smith
15. Birthplace Pettis County Mo. 10
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Cook
1st Lt. M. P. A.

17. (a) Buysell (b) Date thereof Mar. 2, 4

- (c) Place: burial or cremation. Crown Hill

18. (a) Signature of funeral director. McLaughlin Bros

- (b) Address Seaside, Mo
7-3842

19. (a) 8-8-82 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Pettis
(c) City or town Smithton Mo. R. 70
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11
year 1942 hour 0 minute 1 M

21. I hereby certify that I attended the deceased from Jan 15
Feb 27 1945 to Feb 27 1945
 that I last saw her alive on Feb 25 1945

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
.....

Chronic Myocarditis

Due to Serials

Due to Shirley

Other conditions _____
(include pregnancy within 3 months of death) *ch*

Major findings:	PHYSICIAN
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Of operations..... 12 Underline the cause to which death

Of autopsy.....	should be charged statistically.
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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?

- (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: [Signature] (M. D. or other) /

Address Mountain View Date signed 7/18

(Licensed Embalmer's Statement on Reverse Side)

1022

110/42

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-12-42

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 _____

Licensed Embalmer No. 2419

P. O. Address Seaside

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.