

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12345

Registration District No. 903

Primary Registration District No. 4545

Registrar's No.

1. PLACE OF DEATH

- (a) County Worth
(b) City or town Grant City, Missouri
(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 Entire Life. years, months or days

3. (a) PRINT
FULL NAMEHenry Yokem

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Male
5. Color or race W

6. (b) Name of husband or wife
Barbra Lambert

7. Birth date of deceased Sept 15 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 19 hr. min.

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

10. Usual occupation Farmer

11. Harry Yokem

12. Name Harry Yokem

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Mary Snipes

15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Agnes Yokem

- (b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof April 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Glitchall

18. (a) Signature of funeral director John Anderson

- (b) Address Grant City, Mo.

19. (a) April 5 - 1942 (b) Archie Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County 113
(c) City or town _____ (If outside city or town limits, write "RURAL") 0

- (d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 6:20 minute 30 M.

21. I hereby certify that I attended the deceased from March 2
1942 to March 4 1942

that I last saw him alive on March 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart degeneration

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy no

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) V
(b) Date of occurrence V
(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? V (Specify type of place) (e) Means of injury V23. Signature Archie Scadden (M. D. or other)Address Grant City, Mo. Date signed April 5 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

John Andrews Jr, Registered Apprentice No. _____
working under my personal supervision.

Signed

John Andrews Jr
Licensed Embalmer No. *4211*

P. O. Address *Grant City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12345

Registration District No. 903

Primary Registration District No. 14545

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City
(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

3. (a) PRINT FULL NAME Henry Yokem

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 15 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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 _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) April 5 - 1942 (b) Arline Scadden (date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Rural (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 Apr day 1942 year hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1942

1942

S-12345 1942