

Registration **MAY 20 1942**

Primary Registration District No. **2002**

Registrar's No. **203**

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1426 Cayuga
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1426 Cayuga
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Laverna Lillian Yocam

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from May 13 1942 to May 12 1942
that I last saw her alive on May 12 1942
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased May 16 1877
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to.....

Due to..... **93d**

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
64 11 27 hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Daniel Denny

{ 13. Birthplace no data Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ruth Adams Simmons

{ 15. Birthplace no data Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. J. C. John

(b) Address 1426 Cayuga Joplin, Mo.

17. (a) Burial (b) Date thereof 5/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Nedje Nelson

(b) Address Webb City Missouri

19. (a) 5-16-42 (b) Gettunde Schmitter
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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..... **2**

23. Signature E. F. Gregory (M. D. or other) **100**
Address Webb City Mo Date signed 5/15/42

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 *C. H. Kelly*
Licensed Embalmer No. 2859
P. O. Address Shelby City 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.