No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22030

State File No.

Registration District No. 688

Primary Registration District No. 3033

Registrar's No.

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

82
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1. PLACE OF DEATH: PIKE
(a) County
(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PIKE CO. HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State ILLINOIS (b) County PIKE 11
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD. PLEASANT HILL, ILL.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 2 years.

3. (a) PRINT FULL NAME Judith Ann Yokem

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE 1

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife Infant.

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

7. Birth date of deceased July (Month) 18 (Day) 1938 (Year)

8. AGE: Years 3 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Pike Co. (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Infant.

11. Industry or business

FATHER
12. Name WILLIAM YOKEM
13. Birthplace PLEASANT HILL ILL 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCILLE JONES
15. Birthplace KINDERHOOK, ILL. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Bernice Turpin
(b) Address Louisiana Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Kinderhook Ill.

18. (a) Signature of funeral director Fred G. Aufragel
(b) Address Barry Illinois

19. (a) 6/11-42 (Date received local registrar) (b) J C Haley Jr Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1942 hour 3 minute 17 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Contusions; Abrasions; Lacerations;
Due to Possible Skull Fracture; Shock
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death 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) Run over by auto
(b) Date of occurrence June 10th 1942 136
(c) Where did injury occur? (City or town) Pike (County) Ill (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home on highway.
(Specify type of place)
While at work? play. (e) Means of injury auto accident

23. Signature M. Smith Coroner ~~(M. D. or other)~~
Address Louisiana, Mo. Date signed 6/11/42

11.69 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1430
Date Filed JUL 15 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 Fred J. Hufnagel, Registered Apprentice No. ____, working under my personal supervision.

Signed Fred J. Hufnagel
Illinois Licensed Embalmer No. 3213
P. O. Address Barry, Illinois

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.