

FILED AUG 13 1942

Registration District No. 611

Primary Registration District No. 4365

Registrar's No.

73
4
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca
(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 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton **73**

(c) City or town Seneca **7**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Judith Ann Yocum

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month July day 24
year 1942 hour 2 minute 15 M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

21. I hereby certify that I attended the deceased from July 20, 1942 to July 21/4, 1942
that I last saw her alive on July 21/4, 1942
and that death occurred on the date and hour stated above.

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

Immediate cause of death: congenital deformity no rectal opening

7. Birth date of deceased July 20 1942
(Month) (Day) (Year)

Due to (Mongolian)

Due to _____

8. AGE: Years _____ Months _____ Days 4 If less than one day hr. _____ min. _____

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

9. Birthplace Seneca Mo. 0
(City, town, or county) (State or foreign country)

Major findings: 157 M
Of operations _____
Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

12. Name Deris Yocum

13. Birthplace Seneca Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Freda Turner

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Deris Yocum

(b) Address Seneca, Mo.

17. (a) Burial (b) Date thereof 7 24 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cemetery

18. (a) Signature of funeral director W. B. Suggard

(b) Address Seneca, Mo.

19. (a) 7/26/42 (b) Theodore L. King
(Date received by registrar) (Registrar's signature)

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 D

23. Signature T. B. Suggard (M. D. or other)

Address Seneca Mo. Date signed 7-26-42

1107

RECEIVED

District Health Officer No. 6,

District File Number 842-1224

Date Filed AUG 12 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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.