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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 27622

Registration District No. 187 — Primary Registration District No. 3040 — Registrar's No. 143

1. PLACE OF DEATH:

(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1215 Clay St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 wks. (Specify whether years, months or days)
In this community: 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston 57
(c) City or town: Chillicothe 1
(If outside city or town limits, write "RURAL")
(d) Street No.: Herriman St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: xxx

3. (a) PRINT FULL NAME: Frank Yothers

3. (b) If veteran, name war: xxx

3. (c) Social Security No.: xxx

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife: Mattie Bolton Yothers

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

7. Birth date of deceased: Unknown (Month) ----- (Day) 1884 (Year)

8. AGE: Years 58 | Months xx | Days xx | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: xxx

FATHER
12. Name: Ruban Yothers
13. Birthplace: xxx (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name: Liddie Morris
15. Birthplace: Jacksonville (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant: Henry Yothers
(b) Address: Chillicothe, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Aug. 25, 42 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Joseph, Mo.

18. (a) Signature of funeral director: Elmer E. Gordon
(b) Address: Chillicothe Mo.

19. (a) Aug 24-1942 (Date received by local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 23 year: 1942 hour: 5 minute: 30 P. M.

21. I hereby certify that I attended the deceased from: June 18-42, 19__, to: Aug 28-, 1942, that I last saw him alive on: Aug 22-, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis (chronic)

Due to:

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.

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: H. L. Dowell (M. D. or other)
Address: Chillicothe Mo. Date signed: 8-25-42

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(Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1820

P. O. Address Chillicothe, 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.