

S. No. 2
M-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30598**
Registrar's No. **197**

FILED OCT 9 1942

Registration District No. **408157**

Primary Registration District No. **42494248**

49
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0

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Sarcoxe**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community **2 days**

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Sarcoxe**
(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 _____

3. (a) PRINT FULL NAME **Gerald Lee Yarbrough**

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 **Single**

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

7. Birth date of deceased **Sept 13 1942**
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Elzie Yarbrough**

13. Birthplace **Grand Saline Texas**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Katzfy**

15. Birthplace **Lawrence Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elzie Yarbrough**

(b) Address **Sarcoxe, Missouri**

17. (a) Burial (b) Date thereof **9/16/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Ages Cemetery**

18. (a) Signature of funeral director **Roland C. Ingelae**

(b) Address **Sarcoxe, Missouri**

19. (a) **Sept. 16, 1942** (b) **Elizabette Coulson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **15** year **1942** hour **12** minute **05** A.M.

21. I hereby certify that I attended the deceased from **Sept. 13 10:40 PM** 19 **Sept 15 12:05** 1942
that I last saw him alive on **Sept 13** 19 **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage Prematurity, Atelectasis.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature **Dr. J. E. Kallman** (M. D. or other) **D.O.**
Address **Sarcoxe Mo** Date signed **Sept 15 1942**

42-9-796

STATEMENT BY ~~LICENSED EMBALMER~~

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed ~~by me, or by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signature Roland C. Engelage
License General Director
P. O. Address Sarasota, Fla

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.