

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34523

State File No.

Registrar's No.

FILED NOV 5 1942 24
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 6- 7 miles southwest of Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lifetime (Specify whether in this community... years, months or days)

3. (a) PRINT FULL NAME Johnnie William Youse

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie Hoard Youse 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 17, 1901
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Route 6, Sedalia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John E. Youse

13. Birthplace unknown, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Laura Rodgers

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

16. (a) Informant Mrs. Sallie Youse, (wife)

(b) Address Route 6, Sedalia, Mo.

17. (a) Burial (b) Date thereof Oct. 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Sedalia, Mo.

19. (a) 10-12-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 6-- 7 miles southwest of Sedalia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1942 hour 4:15 minute P.M.

21. I hereby certify that I attended the deceased from 10-18 to 9-3 1942
that I last saw him alive on Oct 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Memorized Duration

Due to Carcinoma Stomach 11/24/42

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature [Signature] (M.D. or other)

Address 11429 Sedalia Date signed 9-12-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-4-42

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

Ernest Ewing

Licensed Embalmer No. 3847

P. O. Address Delia m d

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.