

Filed DEC 11 1942

Primary Registration District No. 5037

Registrar's No. 163

1. PLACE OF DEATH:

(a) County. Audrain

(b) City or town. Rural, Salt River, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #4, Mexico, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED: 4

(a) State Missouri. (b) County Audrain 0

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #4, Mexico  
(If rural, give location)

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

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME William Henry Yostmayer

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

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

6. (b) Name of husband or wife Paulina Yostmayer 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May 25 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 5 13 1 hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Yostmayer

(b) Address Rush Hill, Missouri

17. (a) burial (b) Date thereof 11-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pugh

(b) Address Mexico, Missouri

19. (a) 11-7-1942 (b) Margaret K Machie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-21-1942 to 11-7-1942  
that I last saw him alive on 11-3-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio - Nephritis.  
Due to Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1310  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Frank Miller (M. D. or other) MD

Address Mexico, Mo Date signed 11/9/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1074

RECEIVED

District Health Officer No. 10

District File Number 12-42-~~9780~~ 4079

Date Filed Dec-10-42

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.....

.....Earl E. Precht....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....Earl E. Precht.....

Licensed Embalmer No.....31894.....

P. O. Address.....Mexico, Missouri.....

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.