

FILED FEB 18 1943  
537

Registration District No. ....

Primary Registration District No. 4499

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 64 (Specify whether years, months or days)

In this community 64 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 9

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

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

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Mary Kennedy Yost

3. (b) If veteran, name war. .... No. ....

3. (c) Social Security No. ....

4. Sex F

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 1 years (Day) (Year)

7. Birth date of deceased Feb 1 1878  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>11</u>	<u>7</u>	..... hr. .... min.

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

10. Usual occupation Stenographer

11. Industry or business .....

12. Name Mary H Yost

13. Birthplace Harrisonburg Va  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Means

15. Birthplace Port Republic Va  
(City, town, or county) (State or foreign country)

16. (a) Informant Other Yost

(b) Address Shelbina Mo

17. (a) burial (b) Date thereof Jan 11 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo

18. (a) Signature of funeral director Stayer

(b) Address Shelbina Mo

19. (a) Jan 14 43 (b) Madge Goss  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8  
year 1943 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 8 1943 to Jan 8 1943;  
that I last saw her alive on Jan 8 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to 94b

Due to .....

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

Major findings:  
Of operations .....

Of autopsy .....

Duration 5 min

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 P. L. Baldwin (M. D. or other) 90  
Address Shelbina Mo Date signed Jan 11 43

RECEIVED

District Health Officer No. 10

District File Number 2-43-303

FEB 16 1943

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.....

*E Hayes*  
.....  
Licensed Embalmer No. 1487

P. O. Address. Shelburne, 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.