DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10607

State File No.

Registration District No. 96 | Primary Registration District No. 2081 | Registrar's No. 149

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

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 1899 Grand Nursing 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): Entire life

In this community

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 503 West 13 th Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: HERBERT YOCUM

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Child

6. (b) Name of husband or wife:

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

7. Birth date of deceased: October 21, 1934 (Month) (Day) (Year)

8. AGE: Years 8 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Child

11. Industry or business:

FATHER

12. Name: Ceale Yocum

13. Birthplace: Brestwood, Arkansas (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Beatrice Winstead

15. Birthplace: Oklahoma (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Beatrice Yocum

(b) Address: 503 West 13th Street

17. (a) Burial (Burial, cremation, or removal): (b) Date thereof: 3-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cemetery

18. (a) Signature of funeral director: Parker-Hunsaker

(b) Address: 1502 Joplin St.

19. (a) 3-11-43 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from February 5, 1943, to March 9, 1943, that I last saw him alive on March 9, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ulcerative entero-colitis	30 days
Due to: Tuberculosis	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Massive adhesions & obstructions

Of autopsy: Enlarged spleen, liver and mesenteric lymph glands

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: R. A. Mahaney (M. D. or other) D.O.

Address: Joplin, Mo. Date signed 3/10/43

1204

(Licensed Embalmer's Statement on Reverse Side)

43.3-246

186

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license!)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
OM—8-21-41
I X29288

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

State File No. 10607

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 149

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
(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:

(a) State (b) County

(c) City or town
(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 Herbert Yocum

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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct - 21 1938
(Month) (Day) (Year)

8. AGE: Years 8 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day
year hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ulcerative entero-colitis	30 days
Due to tuberculosis of ilium, jejunum & colon	unk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

15

Major findings:
Of operations Massive adhesions & obstructions Enlarged spleen
Of autopsy liver and mesenteric lymph glands

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 R. A. Mahoney (M. D. or other) D.O.
Address P.O. Box 2214 Joplin Mo. Date signed 5/4/43

S-10607