

S. No. 2  
M-9-4-41  
5-17-39  
PI X22

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13545

State File No. \_\_\_\_\_

FILED MAY 8 1943

Registration District No. 2

Primary Registration District No. 501.8

Registrar's No. 51

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

0002

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Whitesville (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 \_\_\_\_\_ (Specify whether)

In this community 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

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

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

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

3. (a) PRINT FULL NAME SARAH YOKERT

3. (b) If veteran, name war \_\_\_\_\_

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

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George A Young

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

7. Birth date of deceased 10-21-1850  
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rosport (City, town, or county) Incl 1 (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER

12. Name Kalib Starwalt

13. Birthplace \_\_\_\_\_ (City, town, or county) Incl 1 (State or foreign country)

14. Maiden name Kn Knowl

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

16. (a) Informant Logan Young

(b) Address Whitesville mo

17. (a) 3 (Burial, cremation, or removal) (b) Date thereof 4-13-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Whitesville

18. (a) Signature of funeral director E. B. Breet

(b) Address Lawrence mo

19. (a) 4-13-43 (Date received local registrar) (b) J. H. Fitchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4 day 12 year 1943 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from April 1, 1943, to April 12, 1943, that I last saw her alive on April 11, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Senility and Cardiac failure

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

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

Other conditions (Include pregnancy within 3 months of death) 1628

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 0

23. Signature A. Monroe Peltz M.D. (M. D. or other) \_\_\_\_\_

Address Whitesville mo Date signed \_\_\_\_\_

1072

(Licensed Embalmer's Statement on Reverse Side)

**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. C. Breit  
Licensed Embalmer No. 2650  
P. O. Address Savannah Ga

**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.**