

SEP 7 1943  
Registration District No. 249

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 9 days

In this community 9 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 339 S Oakley  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Yeokum

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22  
year 1943 hour 10 minute A M.

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Ruth Yeokum

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

7. Birth date of deceased March 13, 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 13th 1943, August 22nd 1943 that I last saw him alive on August 22nd 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage <sup>Duration</sup>

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>5</u>	<u>9</u>	hr. _____ min.

Due to 830

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Retired Boiler Maker

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name Riley Yeokum

13. Birthplace Unknown 9

14. Maiden name Rebecca Blacker

15. Birthplace Unknown 9

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) Means of injury \_\_\_\_\_

23. Signature Wm R. Thom (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

16. (a) Informant Mrs. Hazel Smith

(b) Address 339 S Oakley, K.C.Mo.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Aug. 23-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kansas

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address K.C.Mo.

19. (a) 8-23-43 (Date received local registrar)

(b) T.C. Brown (Registrar's signature)

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**