

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31287

State File No.

FILED SEP 24 1943

Registration District No.

Primary Registration District No. 1000

Registrar's No. 986

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
40 Years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Clara Youtsey

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John E. Youtsey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 21, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Jarrett

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

14. Maiden name Iida Madison

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

16. (a) Informant John E. Youtsey

(b) Address 41st & Mitchell

17. (a) Burial (b) Date thereof 9-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph Mo.

19. (a) 9/10/43 (b) Reg. Skogoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 41st & Monterey
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
year 1943 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-26-43 1943 to 9-1 1943
that I last saw him alive on 9-1-43 and that death occurred on the date and hour stated above.

Immediate cause of death

Generalized carcinoma metastatic to abdomen
Due to abdominal

Due to origin not determined

Other conditions (include pregnancy within 3 months of death)

Major findings: Carcinoma Pelvic
Of operations

Of autopsy same 55e

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) (c) Means of injury
23. Signature Reg. Skogoy (M-D or other)
Address 218 7th St N. St Joseph Mo. Date signed 9/10/43

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

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.....

working under my personal supervision.

Registered Apprentice No.

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.