

FILED NOV 11 1943

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

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

(c) Name of hospital or institution: **1 5306 Norledge.**
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

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

(d) Street No. **5306 Norledge**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Stephen D. Yerby**

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

3. (c) Social Security No. **10mm 1 1/2**

4. Sex **Male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Ida**

7. Birth date of deceased **March 2nd 1885**
(Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **1**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Painter**

11. Industry or business **Henry Yerby**

12. Name **Henry Yerby**

13. Birthplace **South Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Collina**

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

16. (a) Informant **Mrs. Nancy Hutchinson**

(b) Address **5306 Norledge St**

17. (a) **Burial** (b) Date thereof **11/6/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cem.**

18. (a) Signature of funeral director **Earp Funeral Home**

(b) Address **4139 East 35th**

19. (a) **11-5-43** (b) **H. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **3rd**
year **1943** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Oct 20 - 43**
19____ to **Nov 3** 19____
that I last saw him alive on **Nov 3** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis & Myocardial Infarction**

Duration **3 3/4**

Due to _____

Due to **92b**

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

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

23. Signature **R. L. St. John** (M. D. or other) _____

Address **5242 St. John** Date signed **11-5-43**

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

465-26-5341
Perry

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..... *John B. Perry*

Licensed Embalmer No. *99155-*

P. O. Address..... *J. C. Perry*

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.