

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3793**

FILED DEC 13 1943

Registration District No. **21**

Primary Registration District No. **4107**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **El Dorado Springs**
(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 **1** (Specify whether
In this community **1**
years, months or days)

3. (a) PRINT FULL NAME **MARY EMALY YOCUM**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **8** years
7. Birth date of deceased **Feb 8 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **0** If less than one day **hr. min.**

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Lane Gunk**
13. Birthplace **Cedar Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Susie Casey**
15. Birthplace **Cedar Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Effie Baudall**
(b) Address **2809 Forest Kansas City Mo**
17. (a) **Burial** (b) Date thereof **11-10-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Ceme**

18. (a) Signature of funeral director **Barbara Nafus**
(b) Address **2068 Main El Dorado Springs Mo**

19. (a) **11-12-43** (b) **L. J. Curran**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cedar**
(c) City or town **El Dorado Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. **501 S Kirkpatrick**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **8**
year **1943** hour **7** minute **55** A.M.

21. I hereby certify that I attended the deceased from **OCT 22** 1943 to **Nov 8** 1943
that I last saw him alive on **Nov 8** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **94 a**

Major findings: Of operations

Of autopsy

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 **W. Dawson** (M. D. or other)
Address **El Dorado Springs** Date signed **11-12-43**

1046 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 11-43-1360

Date Filed 12-10-43

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.....

Mrs Carolyn Nafus.

Licensed Embalmer No.

2635

P. O. Address.....

206 S Main El Dorado

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.