

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41945

FILED JAN 5 1944 3

Registration District No. 1

Primary Registration District No. 5241

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Madison Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether)
In this community XXX years, months or days

3. (a) PRINT FULL NAME Mary Angeline Yost

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife W. A. Yost 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased June 16, 1856 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 23 XXXXXX min.

9. Birthplace Cedar County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXX

12. Name Billy R. Martin
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sally Ann Frost
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Maggie Hamby
(b) Address Stockton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie Church and Neale

18. (a) Signature of funeral director Stockton, Missouri
(b) Address

19. (a) Dec 2, 1943 (b) Alby Sparks (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar
(c) City or town Rural-Madison Township (If outside city or town limits, write "RURAL")
(d) Street No. XXX (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. XXXXX X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 year '43 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from 3-18 1941 to 10-9-1943 that I last saw her alive on 10-9-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Myocardial Infarction
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Means of injury

23. Signature Wm B Richter (M. D. or other)
Address Stockton Date signed mo

RECEIVED

District Health Officer No. 7,

District File Number 1-2-43-1891

1-4-44

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 Melvin Quenche

Licensed Embalmer No. 3272

P. O. Address Stockton

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.