

U. S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 7 1944

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Sale-Bowman Hospital
(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 about 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 406 Bond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Burney Harrison Yoakum

3. (b) If veteran, name war none

3. (c) Social Security No. 489-26-0007

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year 1944 hour 12 minute 10 A.M.

4. Sex m

5. Color or race W

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

6. (b) Name of husband or wife Grace Redman Yoakum

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

7. Birth date of deceased _____
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 12, 1944, to February 25, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years about 61 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death A poplexy

Duration 1 month

9. Birthplace not known (City, town, or county) (State or foreign country)

Due to Arteriosclerosis 2 years

Due to ✓

10. Usual occupation Government laborer

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

11. Industry or business Camp Crowder

Major findings: ✓
Of operations ✓

Of autopsy ✓

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name J. M. Yoakum

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Margaret Cannon

15. Birthplace Near Tazewell Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Paper clippings & Records

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation 2007 Cemetery Monett Mo

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo

19. (a) 3-8-1944 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

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) 5 years of injury

23. Signature Charles E. Luthin (M. D. or other)

Address Sale Memorial Hospital Date signed 2/26/44

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

73
3
2

1110

RECEIVED

District Health Officer No. 4/5/44

District File Number 426-39

Date Filed 4/6/44

APR 27 1944

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.....

Floyd Ballourey

Licensed Embalmer No. 2066

P. O. Address Monett Mo

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.