

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18619

FILED JUN 9 1944

State File No.

Registration District No. 207

Primary Registration District No. 5258

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural - Miller Twp
(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: _____
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME: Yokum Bennett Islam Yokum

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 28 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 6 1 hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Jessie T. Yokum

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Edith Fritchey

15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie T. Yokum

(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 5/31/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williams Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 6/2/44 (b) Orma Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion 63
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Miller Twp
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him ✓ alive on _____, 19____.

and that death occurred on the day and hour stated above.

Immediate cause of death Drowning Duration _____

Due to _____

Due to _____

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) Accident 063

(b) Date of occurrence 5/29/44

(c) Where did injury occur? Marion, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Little Tavern Creek
(Specify type of place)

While at work? No (b) Means of injury _____

23. Signature S. C. Hayward (M. D. or other) 0

Address Vienna, Mo Date signed 5/30/44

MISSOURI DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 9

District File Number

Date Filed

6-8-44

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

5/30-44

working under my personal supervision.

Registered Apprentice No.

Signed

Paul D. Gillen

Licensed Embalmer No. 2341

P. O. Address. Dixon, Missouri

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.