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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1944
Registration District No. 357

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19333

State File No.

Primary Registration District No. 4576 6184

Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Taney, CO
(b) City or town Rural, ~~Sumner~~ Taney
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Forsyth, MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1. Year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Forsyth, MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Clyde, F. Yocum
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7 th
year 1944 hour 4.30 minute p M.

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Aug. 18. th. 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 74 Months 8 Days 20
If less than one day hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Of operations _____
Of autopsy _____

9. Birthplace Chelsea, Co. Mich.
(City, town, or county) (State or foreign country)
10. Usual occupation Clothing Store

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

MOTHER FATHER

11. Industry or business _____
12. Name Milliam. Yocum
13. Birthplace (City, town, or county) Mich.
14. Maiden name Charity. Johnson
15. Birthplace (City, town, or county) (State or foreign country) Mich.

16. (a) Informant Mrs. C.F. Yocum
(b) Address Forsyth, MO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) _____ (b) Date thereof May. 9. th.
(Month) (Day) (Year)
(c) Place: burial or cremation Forsyth, Cemetery

44. 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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury 3

18. (a) Signature of funeral director M. C. Miller
(b) Address Gainesville, Mo
19. (a) 5/9/44 (b) Louise Forsyth
(Date received local registrar) (Registrar's signature)

23. Signature J. G. Arnold
Address Far Taney, Mo

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.

Signature

Lawrence L. Hall

Licensed Embalmer No.

2784

P. O. Address

Galveston

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.

Registration District No. 351

Primary Registration District No. 6189

1. PLACE OF DEATH:

(a) County Janey
(b) City or town Rural Swan Jay
(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
In this community years, months or days)

3. (a) PRINT FULL NAME Clyde F. Yocum

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

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

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

7. Birth date of deceased. Aug 18 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 20 If less than one day, min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1944 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 11:15 to 11:45, 1944; that I last saw him alive on May 19, 1944, and that death occurred on the date and hour stated above. Immediate cause of death old age Run game condition Has sin in poor health 3 years

Duration

Due to old age Run game condition Has sin in poor health 3 years
Due to

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

Major findings: Of operations. ADDITIONAL SUPPLEMENTARY INFORMATION
Of autopsy. 162

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 (M. D. or other) Address Date signed

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

SUPPLEMENTARY

19333