S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16465

FILED MAY 16 1945

Registration District No. ..... Primary Registration District No. 3007 Registrar's No. 124

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Mo.
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Butler
(c) City or town: Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 144 Almond St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Hermia Blanche Yocum
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Chas. Yocum
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June (Month) 18 (Day) 1898 (Year)
8. AGE: Years 46 Months 9 Days 21 If less than one day ..... hr. ..... min.
9. Birthplace: Stoddard Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER 12. Name: Theodore A Pyle
FATHER 13. Birthplace: Perry County Ind. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mollie McDaniels
MOTHER 15. Birthplace: Hancock Co. Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Martha Pyle
(b) Address: Poplar Bluff Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn
18. (a) Signature of funeral director: Frank-Cottrell
(b) Address: Poplar Bluff, Mo.
19. (a) 4-25-45 (Date received by local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1945 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 1945, to April 6 1945 that I last saw her alive on April 6 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis with Coronary occlusion	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: [illegible] (M. D. or other) MD
Address: Poplar Bluff Date signed 4-11-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 545-719
Date Filed 5-11-45

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 Freeman Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.