. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23310

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2787

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Receiving Ward General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community ..... unknown (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson 48

(c) City or town Kansas City mo 3 (If outside city or town limits, write "RURAL")

(d) Street No. ~~Receiving Ward General Hospital~~ unknown (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Henrietta Yochem

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Chas ~~Ch~~ Yochem

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

7. Birth date of deceased 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months Days If less than one day ..... hr. ..... min.

9. Birthplace Do not know (City, town, or county) 0 (State or foreign country)

10. Usual occupation none

11. Industry or business .....

FATHER
12. Name Do not know
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) 0 (State or foreign country)

16. (a) Informant Coroner office

(b) Address KC Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Savanna Ill.

18. (a) Signature of funeral director Panantna Bros

(b) Address KC Mo

19. (a) 7-2-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1945 hour 11 minute 10p M.

21. I hereby certify that I attended the deceased from Deputy Coroner 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 Coronary Occlusion

Due to .....

Due to 940

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)

Address T. C. Mo Date signed 7/1/45

(Licensed Embalmer's Statement on Reverse Side)

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 Dixon L. Kepley ~~Dixon Kepley~~

Licensed Embalmer No. 4225

P. O. Address Independence, 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.