

FILED AUG 18 1945
Register District No. 2001

Primary Registration District No. 2001

Registrar's No. 351

1. PLACE OF DEATH:

(a) County Gasper

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

(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasper

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

(d) Street No. 1214 Missouri
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Wilford Yost

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 1

6. (b) Name of husband or wife Gladie

6. (c) Age of husband or wife if alive, year 18

7. Birth date of deceased Sept 18 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>10</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Newton County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Yost Dairy

11. Industry or business Wholesale milk

12. Name Mareus Yost

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

14. Maiden name Eda Chambers

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

16. (a) Informant Gladie Yost

(b) Address 1214 Missouri

17. (a) Burial (b) Date thereof 8-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garth Memorial

18. (a) Signature of funeral director Therrell Pileon

(b) Address 305 W. 4th St.

19. (a) 8-1-45 (b) Therrell Pileon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1945 hour _____ minute 30 M.

21. I hereby certify that I attended the deceased from _____ 19____
Not attended

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Head trauma
Skull + internal
bleeding

Due to Auto - Hit by K.C.V.

Due to Train 12th & Main

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

Major findings:
Of operations _____
Of autopsy 17th & 18th Ave

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 7/28/45 12:22

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

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

While at work? yes (Specify type of place) _____ (e) Means of injury Train

Signature W. J. Terrell (M. D. or other) DO

Address 214th St. Gasper Date signed 8/1/45

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

19
2
5

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

45-7-661

AUG 23 1945

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 Cecil A. Kambell

Licensed Embalmer No. 3590

P. O. Address Jefferson 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.