S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1945

State File No. 37664

Registration District No. 156 Primary Registration District No. 5004 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (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 47 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 117 N Pearl (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Mellvina Yost
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex f /
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William H Yost
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 17, 1860 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85		23	hr. min.

9. Birthplace Keosauqua (City, town, or county) Iowa / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Perry
13. Birthplace (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name Sarah Thompson
15. Birthplace (City, town, or county) Ohio / (State or foreign country)
16. (a) Informant Mrs. E. F. Weeks
(b) Address 117 N. Pearl, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Newtonia Cemetery
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 11-10-45 (Date received local registrar) (b) W. D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1945 hour 11 minute p M.
21. I hereby certify that I attended the deceased from Aug. 15, 1945, to Nov. 9, 1945; that I last saw her alive on Nov 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Respiratory failure
Due to Decompensation, myocardial
Due to Hepatitis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of 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 W. E. Heinlein (M. D. or other) D.O.
Address 521-W-4th Date signed Nov 10 '45

1404 (Licensed Embalmer's Statement on Reverse Side) Joplin

45-11-892

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.