

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

FILED FEB 11 1946
Registration District No. **152**

Primary Registration District No. **3127**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. Hill St Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton
(c) City or town Seneca
(If outside city or town limits, write "RURAL")
(d) Street No. 1/6
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane 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 Y

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

7. Birth date of deceased Feb. 13 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 14 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name unknown Hayes

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

14. Maiden name Martha Kisse

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

16. (a) Informant C. R. Yocum

(b) Address Webb City, Mo. Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB. 3; 46 (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Cemetery - Seneca

18. (a) Signature of funeral director Murch. R. Fish

(b) Address 157 N. W. Miami Okla

19. (a) JAN 28; 46 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1946 hour 9 minute 30 AM

21. I hereby certify that I attended the deceased from 12-25 1945 to 1-27 1946 that I last saw her alive on 12-28 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Asperteriosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932 Of autopsy _____

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 _____
3. Signature [Signature] (M. D. or other) _____
Address Webb City, Mo Date signed 1/23/46

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

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

9
6
2

137

46-1-24

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 *Richard Kray Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Webb City, 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.