S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6568

State File No.

Registration District No. 237 Primary Registration District No. 5820 Registrar's No. 26

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Gideon - Rural
(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 5 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Clarkton - Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Linna May Yocom

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife M.B. Yocom

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May (Month) 17 (Day) 1894 (Year)

8. AGE: Years 51 Months 7 Days If less than one day hr. min.

9. Birthplace Franklin Co. (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jim Clark
13. Birthplace (City, town, or county) Georgia (State or foreign country)

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

16. (a) Informant M. B. Yocom
(b) Address Gideon, Mo.

17. (a) B. (Burial, ~~cremation, or removal~~) (b) Date thereof 2-3-46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Lawrence Co., Tenn.

18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Ark.

19. (a) Feb 6, 1946 (Date received local registrar) (b) Mrs. Byron Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1
year 46 hour minute M.

21. I hereby certify that I attended the deceased from Oct. 20, 1940 ~~to Dec. 1946~~ 19 to Jan 30-1946 19
that I last saw her alive on Dec. 15. 1945 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcenoma of Cervix.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 48	
Of autopsy	

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 0

23. Signature F. G. Hopkins (M. D. or ~~other~~)

Address Gideon, Mo. Date signed 2-2-46

215

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hopkins

RECEIVED
District Health Office No. 2
District File Number 346 - 352
Date Filed 3/8/46

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.