

FILED MAR 7 1946
Registration District No. 248

Primary Registration District No. 4369

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca
(c) Name of hospital or institution: Seneca Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs 5 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Seneca Mo. 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DORIS ANN 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 -
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Sept. 23 - 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 5 1 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Doris Yocum
13. Birthplace Seneca Mo. D
(City, town, or county) (State or foreign country)
14. Maiden name Freda Turner
15. Birthplace Prosperity Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Doris Yocum
(b) Address Seneca Mo.

17. (a) Burial (b) Date thereof 2-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Burial

18. (a) Signature of funeral director W. Bussard

(b) Address Seneca Mo.

19. (a) 3-4-1946 (b) Netta Norris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1946 hour 2 minute 24.5 AM

21. I hereby certify that I attended the deceased from Feb. 23 1946 to Feb 24 1946
that I last saw her alive on Feb 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Flu

Due to _____

Due to _____

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

Major findings: Of operations 33%
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 _____

23. Signature J. B. Duemler (M. D. or other) _____
Address Seneca Mo. Date signed 3-4-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No.

District File Number 146-24

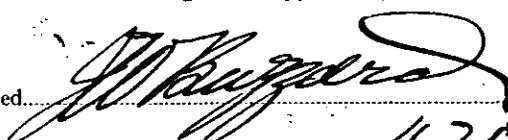
Date Filed 2-6-46

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. 4215

P. O. Address Seneca, 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.