

1. PLACE OF DEATH:

(a) County... **Pettis**
(b) City or town... **Sedalia**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
Bothwell Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
43 years (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **JESSIE FRANCES YOUNT**

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 **Married**
6. (b) Name of husband or wife **R.E. Yount**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **July 27 1902**
(Month) (Day) (Year)

8. AGE: Years **43** Months **8** Days **6**
If less than one day
hr. min.

9. Birthplace **Pettis Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business...

12. Name **Elmer Wharton**

13. Birthplace **Wheeling W.Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Nellie Willis**

15. Birthplace **Ionia Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **R.E. Yount**

(b) Address **Sedalia**

17. (a) **Burial** (b) Date thereof **4/5/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Geo. R. R. R.**

(b) Address **Sedalia**

19. (a) **4-4-46** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**
(c) City or town... **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1503 So. Missouri**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3rd.**
year **1946** hour **11** minute **45 a.** M.

21. I hereby certify that I attended the deceased from **Oct 17**
19 **44** to **April 3** 19 **46**
that I last saw him alive on **April 3** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death
Lipo Sarcoma retroperitoneal
Duration **3 yrs**

Due to...

Due to...

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

Major findings:
Of operations **Lipo sarcoma retroperitoneal**
Of autopsy **no**

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) (c) Means of injury...

23. Signature **Chas. D. Doherty** (M. D. or other) **M.D.**

Address **Sedalia Mo** Date signed **4/4/46**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-14-46

SEP 2 1958

MAR 20 1958

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

L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Idaho, 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.