

FILED JUL 31 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
1307 Cherry St  
(d) Length of stay: In hospital or institution  
In this community Do not know

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City Mo  
(d) Street No. 1307 Cherry St  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Ross Yost

(b) If veteran, name war none

(c) Social Security No. Do not know

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Coronary, 19 to that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis  
Due to Atherosclerosis  
Other conditions: (include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations: 942  
Of autopsy: none

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?  
(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: [Signature] (M.D.)  
Address: 1424 [Address] Date signed: 7-10-46

5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

4. Sex male (b) Name of husband or wife unknown 6. (c) Age of husband or wife if

7. Birth date of deceased: 4-3-77 (Month) (Day) (Year)

8. AGE: 69 Years 3 Months 6 Days If less than one day

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

10. Usual occupation none

11. Industry or business

12. Name Chas Yost

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

14. Maiden name Mary Claber

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

16. (a) Informant Mrs. Blanch Mueschoot

(b) Address Shawnee Mo.

17. (a) Burial (b) Date thereof July 11-46 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill RCH

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 7-10-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

MOTHER, FATHER

**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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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:**