

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27650
Registrar's No. 120

FILED SEP 10 1946
Registration District No. 383

Primary Registration District No. 5655

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 days
In this community 42 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne
(c) City or town Hiram
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Myrtle Yount
3. (b) If veteran, name war no
3. (c) Social Security No. None known

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21st
year 1946 hour 8:05 minute A M.
21. I hereby certify that I attended the deceased from June 10
1946 to July 21 1946;
that I last saw her alive on July 21 1946;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emo L. Yount
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased: April 14 1904
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Over 1 year
Duration
Due to _____
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>3</u>	<u>7</u>	hr. _____ min.

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

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name John Henry Matthews
13. Birthplace Coldwater Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Narah Wilkinson
15. Birthplace Coldwater Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 21 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Piedmont Mo
18. (a) Signature of funeral director H. D. Fasset
(b) Address Mt. Vernon, Mo
19. (a) 8-3-46 (Date received local registrar) (b) Orthelbrick (Registrar's signature)
23. Signature C. A. Drusher M.D.
Address Mt. Vernon, Missouri Date signed 7-21-46

FILED
SEP 5 1946

RECEIVED

District Health Officer No. 6,

District File Number 946-918

Date Filed SEP 5 - 1946

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 Max L. Josselt

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon 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.