. S. No. 2
DM—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29483

State File No.

FILED SEP 18 1946

Registration District No. 12

Primary Registration District No. 5055

Registrar's No. 70

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Capps Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 5
(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 1 Pierce City Mo 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country None

3. (a) PRINT FULL NAME Dillard Weever Yoachum
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carrie E Yoachum
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September (Month) 13 (Day) 1876 (Year)

8. AGE: Years 69 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farmer

FATHER
12. Name Gusta Weever Yoachum
13. Birthplace Stone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Elizabeth Christopher
15. Birthplace Near Nashville (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs Carrie E Yoachum
(b) Address R.F.D. 1 Pierce City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek - Barry Co Mo
18. (a) Signature of funeral director Callaway
(b) Address Monett Mo
19. (a) 9-7-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1946 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from March 24 1945, 19..., to Aug. 17, 19 46
that I last saw him alive on Aug. 17, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Softening — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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 C. B. Wright (M. D. or other)
Address Pierce City, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 946-953
Date Filed SEP 16 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 J. D. Buchanan
Licensed Embalmer No. 3179
P. O. Address Monett 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.