

S. No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34387

State File No. _____

Registration District No. 275

Primary Registration District No. 5943

Registrar's No. 138

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Edgar Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Edgar Springs
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Henry Yowell

3. (b) If veteran, name war World War 2

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 14th, 1912
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>10</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name David Lee Yowell

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

14. Maiden name Minnie Gray Weber

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

16. (a) Informant Mrs. Blanche Trigg

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof Oct. 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgar Springs, Mo.

18. (a) Signature of funeral director Edgar Springs, Mo.
Smith-Hollow

(b) Address Rolla, Mo.

19. (a) Oct 19, 1946 (b) Mrs. Blanche Trigg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 17, 1946
and that death occurred on the date and hour stated above. Oct 16, 1946

Immediate cause of death Hodgkins disease 4 yrs?

Due to _____

Due to _____

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

Major findings: 44B

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Ford M.D. (M. D. or other) 0
Address Rolla mo Date signed 10-21-46

JAN 9 1947

OCT 30 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.....
Licensed Embalmer No..... 3643
P. O. Address..... Rolla, Missouri

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.