

State File No. **5706**  
 Registrar's No. **241**

**FILED FEB 20 1947**  
 Registration District No. **274**  
 Primary Registration District No. **3052**

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

**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: 614 W. 2nd  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Emily Amelia Yost

**3. (b) If veteran,** name war                      **3. (c) Social Security No.** 497-14-6027

**4. Sex** Female **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** 6 years

**7. Birth date of deceased** September 6 1902  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>4</u>	<u>23</u>	<u>                    </u> hr. <u>                    </u> min.

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

**10. Usual occupation** LABORATORY TECHNICIAN

**11. Industry or business** DENTAL

**12. Name** Albert C. Yost

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

**14. Maiden name** Katherine Harper

**15. Birthplace** St. Louis Missouri  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** LEONE YOST  
**(b) Address** 614 W. SECOND ST. SEDALIA, MO

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** Jan. 31, 1947  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** Calvary Cemetery

**18. (a) Signature of funeral director** McLaughlin Bros.  
**(b) Address** Sedalia, Missouri

**19. (a) 1-31-47** (Date received local registrar) **(b) Betty Yeager** (Signature of Deputy Registrar)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pettis  
 (c) City or town Sedalia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 614 W. 2nd  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country                     

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan day 29  
 year 1947 hour 11:15 minute a M.

**21. I hereby certify that I attended the deceased from** 44 to Jan 29, 1947;  
 that I last saw her alive on Jan 29, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Apoplexy</u>	<u>4 1/2 hrs</u>
<u>Hypertension</u>	<u>2 yrs</u>
<u>Menopause</u>	<u>2 yrs</u>

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

**Major findings:**  
 Of operations                       
 Of autopsy                     

**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?                     

**23. Signature** A. L. Walter (M. D. or other) MO  
**Address** Sedalia Mo **Date signed** 1-30-47

251

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 2-18-47

---

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. 3153

P. O. Address Sedalia 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.