

FILED MAR 28 1947

Registration District No. **4**

Primary Registration District No. **5935**

Registrar's No. **69**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Route 4, Sedalia (rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 south miles southwest Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **/**
In this community **lifetime in Pettis County**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Vernam Marie Youse**

3. (b) If veteran, **none** name war. **none** 3. (c) Social Security No. **none**

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 ********* years
7. Birth date of deceased **September 14, 1930**
(Month) (Day) (Year)

8. AGE: Years **16** Months **5** Days **8** If less than one day hr. min.

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

10. Usual occupation **Student**

11. Industry or business **J.W. Youse**

12. Name **Pettis County, Mo.**

13. Birthplace **Sallie E. Hoard**
(City, town, or county) (State or foreign country)

14. Maiden name **Pettis County, Mo.**
(City, town, or county) (State or foreign country)

15. Birthplace **Mrs. Sallie Youse (mother)**
(City, town, or county) (State or foreign country)

16. (a) Informant **Route 4, Sedalia, Mo.**

(b) Address **Burial** (b) Date thereof **2/25/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Shane Boring**

(b) Address **Sedalia, Missouri**

19. (a) **2/25/47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

(c) **251** (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia (rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 4, 6 miles southwest Sedalia**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22,** year **1947** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb 22 -** 19 **47** to **Feb 22 -** 19 **47**
that I last saw h. **alive on Feb 22 -** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina (Coronary)** Duration **Instant**

Due to **Coronary Hypertrophy** **7**

Due to **Other conditions**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **95C**

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?

While at work? (Specify type of place) (c) Means of injury **0**

23. Signature **Alfred E. Higgins** (M. D. or other) **MD.**

Address **1114 4 Sedalia** Date signed **2-25-47**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-27-47

APR 18 1947

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

Duane Ewing

Licensed Embalmer No. 38547

P. O. Address Seaside, 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.