

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12585

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 625

1. PLACE OF DEATH:

(a) County Beverly

(b) City St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 11 years 8 mos 2 days
(Specify whether years, months or days)

In this community 11 years 8 months 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5015 Thompson
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY YUKHOUSE

3. (b) If veteran, name war ✓

3. (c) Social Security No. 2

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife no record

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 9-4-1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6
year 1947 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1947 to May 8 1947
and that I last saw him alive on May 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 12 yrs

8. AGE: Years Months Days If less than one day

✓ 75 8 2 hr. — min.

Due to Myocardial infarction 5 yrs
General paralysis of the insular cortex 12 yrs

9. Birthplace unknown Austria
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

15. Birthplace unknown Austria
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant George Yukhouse

(b) Address 5015 Thompson St. K.C. Mo.

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? _____

17. (a) Removal (b) Date thereof MAY 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Texas City, Mo. Mt. Washington Cem

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colman St. St. Joseph, Mo.

19. (a) May 8 1947 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature C. E. Cassius (M. D. number) _____

Address State Hospital No. 2 Date signed 5-7-47

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side) W. H. Norton

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

O. H. McFarland

Licensed Embalmer No.

4397

P. O. Address

Kansas City 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.