

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16838

State File No.

Registration District No. 60

Primary Registration District No. 5235

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural - Benton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXX
(Specify whether)
In this community Most of life
years, months or days

3. (a) PRINT FULL NAME RUBY PEARL YEOKUM

3. (b) If veteran, name war XXXXX 3. (c) Social Security No. XXXXXX

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife John W. Yeokum 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April 14 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 13 If less than one day X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business XXXXXXXXXXXX

12. Name L. D. Jackson
13. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Ella Wilson
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Yeokum
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 4-29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton City Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri

19. (a) May 4 1947 (b) Mrs. Velma Ellis
(Date received local registrar) (Registrar's signature) 293

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Benton Township 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1947 hour 12 minute 32A M.

21. I hereby certify that I attended the deceased from 4.21, 1947, to 4.26, 1947
that I last saw her alive on 4.26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Brainary Occlusion 7 da.
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?

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

23. Signature Wm B Richter (M. D. or other)
Address Stockton Date signed 4.30.47

RECEIVED
District Health Officer No. 7,
District File Number 5-47-669
Date Filed 6-5-47

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 Meleim Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.