

FILED MAR 24 1948

Registration District No. 193

Primary Registration District No. 5708

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Mc Donald
(b) City or town Rural Buffalo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 miles west of Goodman, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 70 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mc Donald
(c) City or town 6 miles west of Goodman
(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 WILLIAM H YOCOM

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Emma Yocom 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased May 27 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>11</u>	<u>4</u> hr. <u>4</u> min.

9. Birthplace Indiana (City, town, or county) Ill (State or foreign country)
10. Usual occupation Farming & Carpenter
11. Industry or business _____

MOTHER FATHER { 12. Name William
13. Birthplace unknown (City, town, or county) Ill (State or foreign country)
14. Maiden name Phoebe Ann Trimble
15. Birthplace Indiana (City, town, or county) Ill (State or foreign country)

16. (a) Informant Mrs. May one D. Aire
(b) Address Goodman, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Anderson, Mo.

18. (a) Signature of funeral director Tatum Funeral Home
(b) Address Anderson, Mo.
19. (a) Mar. 11, 1948 (Date received local registrar) (b) Mrs. Fred W. Smith (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 1948 hour 10 min. 50 M.
21. I hereby certify that I attended the deceased from Sept 1 1948 to Feb 9 1948
that I last saw him alive on Feb 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration 1 yr

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

Major findings:
Of operations 93F
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) Means of injury 0
23. Signature S. B. Brook (M. D. or other) 2/11/48
Address Anderson, Mo Date signed _____

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 me
....., Registered Apprentice No. ✓
.....
working under my personal supervision.

Signed R.E. Cheatham
.....
Licensed Embalmer No. 3813
.....
P. O. Address Anderson, 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.