S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1948

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5169

State File No. 18848

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Calaway

(b) City or town Rural 9 mile
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Found dead on farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John H. Yocum

3. (b) If veteran, name war none

3. (c) Social Security No. Not Known

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Lydia Yocum

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

Birth date of deceased June (Month) 17 (Day) 1875 (Year)

8. AGE: Years 73 Months Days 5 If less than one day hr. min.

9. Birthplace Calaway Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business none

FATHER
12. Name Sam Yocum
13. Birthplace Calaway Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Susan Hart
15. Birthplace Calaway Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Emma Woolery Sister
(b) Address 1115 E Lafayette st Mexico Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood cemetery Mexico Mo

18. (a) Signature of funeral director Jackson Parker Funeral Home
(b) Address 409 S. Walnut st Mexico Mo

19. (a) 6-15-1948 (Date received local registrar) (b) Joe Mosenthal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1948 hour minute M.

21. I hereby certify that I ~~attended the deceased from~~ was called after that I last saw him alive on June 14 1948 and that death occurred on the date and hour stated above. Duration

Immediate cause of death Found dead. He had been dead for several hours

Due to He lived alone and was known to have had

Due to some sort of heart ailment

Other conditions (Include pregnancy within 3 months of death) none

Major findings:
Of operations Death of a hardening of the
Of autopsy trouble

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. L. Garrett Coroner (M. D. or other)

Address Fulton Mo Date signed 6/15/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUN 21 1948
Date Filed

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 Stuart G. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Me

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.