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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948
Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26691
Registrar's No. 3246

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

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether
In this community: 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 547 Walnut St. 8
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country: Russia

3. (a) PRINT FULL NAME: ALEXANDER YAUCK
3. (b) If veteran, name war: No
3. (c) Social Security No.: No Record
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Sgl O
6. (b) Name of husband or wife: XX
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: No Record (Month) (Day) 1882 (Year)

8. AGE: Years 66 ~~55~~ | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: Russia 6
(City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: Frederick Yauck
13. Birthplace: Russia 6
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Katy E. Bender
15. Birthplace: Russia 6
(City, town, or county) (State or foreign country)
16. (a) Informant: Reinhardt B. Yauk ok
(b) Address: Selman, Oklahoma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: J M Wagner
(b) Address: Kansas City, Mo.
19. (a) 8-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th year 1948 hour 11: minute 06 P M.

21. I hereby certify that I attended the deceased from Pathologist to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertensive heart disease arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 93 d	
Of autopsy: Cerebral hemorrhage same	

PHYSICIAN
Underline the cause of 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: E. C. H. Schmidt (M. D. or other)
Address: St. Luke's Hospital Date signed: 7 Aug 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Roy E Snow.....

Licensed Embalmer No.....2560.....

P. O. Address.....TC 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.