S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26693

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3375

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: 2116 COLLEGE AVENUE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 17 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3

(d) Street No. 2116 COLLEGE AVENUE (If rural, give location) 8

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME MR ROY MARVIN YOWELL

3. (b) If veteran, name war NO

3. (c) Social Security No. 494-14-3438

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS MABEL BLANCHE YOWELL

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JANUARY - 6 - 1883 (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace SHACKELFORD (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business BLACK, SIVALL & BRYSON

FATHER
12. Name HENRY YEAGER YOWELL
13. Birthplace ..... (City, town, or county) VIRGINIA (State or foreign country)

MOTHER
14. Maiden name LAURA MONTGOMERY THOMAS
15. Birthplace ..... (City, town, or county) VIRGINIA (State or foreign country)

16. (a) Informant Mrs Mabel B. Yowell

(b) Address 2116 College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 16TH year 1948 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from 3/23, 1948, to 8/16/48, 19..; that I last saw h — alive on 8/16/48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy [illegible]

Duration

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 on ..... (e) Means of injury .....

23. Signature [illegible] (M. D. or other)

Address 1109 [illegible] Date signed 8/16/48

(Licensed Embalmer's Statement on Reverse Side)

1129 Professional Bldg
10-30-12

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 D. D. Noffsinger

Licensed Embalmer No. 3238

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.