S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40427

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5055

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. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Prarie Township 8
(If outside city or town limits, write "RURAL")
(d) Street No. Lees' Summit Road 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Judge Walter Lee Yost
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Verda Yost
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased September (Month) 15 (Day) 1872 (Year)

8. AGE: Years 76 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Nebraska City, Nebraska 1
(City, town, or county) (State or foreign country)
10. Usual occupation Stockman-Dairyman
11. Industry or business Self Employed
FATHER
12. Name Unknown
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dora Thrailkill
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. O.B. Duncan
(b) Address Kansas City, Missouri
17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 12-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.
18. (a) Signature of funeral director Geo. C. Carson F. Home
(b) Address Independence, Missouri
19. (a) 12-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th.
year 1948 hour 2 minute 15 p.M.

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

Immediate cause of death Acute Pulmonary Edema
Due to Acute Toxic Nephritis & Hepatitis
Due to Suppurative Arthritis Rt Knee
Other conditions Uremia
(Include pregnancy within 3 months of death)

Major findings:
Of operations 15 60
Of autopsy above

Duration

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 Russell W. Kerr (M. D. or other)
Address St Joseph Hospital Date signed 12 Dec 48

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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.