

FILED NOV 13 1950

STANDARD CERTIFICATE OF DEATH

34326  
State File No. 68  
Registrar's No. 68

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5917

1. PLACE OF DEATH  
a. COUNTY Perry  
b. CITY OR TOWN Yount Mo.  
c. LENGTH OF STAY (in this place) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Perry  
c. CITY OR TOWN Yount Mo.  
d. STREET ADDRESS

3. NAME OF DECEASED  
a. (First) Frederick b. (Middle) Gustave c. (Last) Yamnitz  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 1 1950

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Feb. 12 1897 9. AGE (in years last birthday) 53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Owner) 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Bollinger Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ernst Yamnitz 13b. MOTHER'S MAIDEN NAME Maria Brickhaus 14. NAME OF HUSBAND OR WIFE Hazel Yamnitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hazel Yamnitz Yount Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Lympho-sarcoma  
INTERVAL BETWEEN ONSET AND DEATH 6 mo  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1950, to Oct 1, 1950, that I last saw the deceased alive on Sept 28, 1950, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. W. Deleyene V.D.O. (Degree or title) 23b. ADDRESS Fredericktown Mo 23c. DATE SIGNED Oct 3, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 4 1950 24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery 24d. LOCATION (City, town, or county) (State) Yount Mo.

DATE REC'D BY LOCAL REG. Oct 4 - 1950 REGISTRAR'S SIGNATURE J. J. Zollner 250 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

190

RECEIVED

NOV 9 1950

DISTRICT HEALTH OFFICE No. G

File No.....

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.....  
.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perquimans*

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.