

JAN 2 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42912
Do not use this space.

1. PLACE OF DEATH
(a) County Daviess Registration District No. 250
(b) Township Union Primary Registration District No. 5348 Registered No. 47
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lois Marie Youtsey
(a) Residence, No. Daviess Co., Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or 6 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) XXX 11. Total time (years) spent in this occupation XXX

12. BIRTHPLACE (CITY OR TOWN) Daviess Co.
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Archie Youtsey
14. BIRTHPLACE (CITY OR TOWN) Daviess Co.,
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Jessie Marie Lynn
16. BIRTHPLACE (CITY OR TOWN) Daviess Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT Archie Youtsey
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centenary Cemetery Jan. 2, 1939

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co
(ADDRESS) Gallatin, Mo.

20. FILED Jan. 2, 1939 H. H. Hope
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1938
22. HEREBY CERTIFY, That I attended deceased from Dec 31, 1938, to Dec 31, 1938
I last saw her alive on Dec 31 (Mon), 1938. Death is said to have occurred on the date stated above, at 4:30 PM
The principal cause of death and related causes of importance were as follows:

Asphyxia Lixida
161A

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Floyd E. Nelson M. D. 123
(Address) Gallatin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.