

REGU MAY 11 1939

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

14257
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 210 East Kansas Avenue St.
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Virginia Dare DeYoe
 (a) Residence, No. 210 E Kansas Ave., St. Joseph (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank A. DeYoe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Baltimore
 (STATE OR COUNTRY) Maryland

FATHER
 13. NAME Ephriham Warren
 14. BIRTHPLACE (CITY OR TOWN) New Haven,
 (STATE OR COUNTRY) Connecticut

MOTHER
 15. MAIDEN NAME Mary Ann Artist
 16. BIRTHPLACE (CITY OR TOWN) Chester,
 (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Clifford P. DeYoe
 (ADDRESS) 210 E. Kansas, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE April 10 19 39

19. FUNERAL DIRECTOR Hatten Meierhoffer
 (ADDRESS) 1302 Faraon St., St. Joseph

20. FILED 4/10 19 39 H. G. Millebush
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 1, 1938, to April 8, 1939.
 I last saw h. er alive on April 7, 1939. Death is said to have occurred on the date stated above, at 6:20 a m.
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset Unknown
Chronic Gall-bladder disease Stomach
 Other contributory causes of importance:
 Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? No

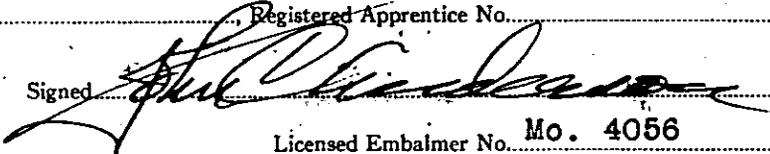
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner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

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John T. Byrne, M. D.
 (Address) Corby Bldg. St. Joseph

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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, John Anderson, Licensed Embalmer No. Mo. 4056
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed  Licensed Embalmer No. Mo. 4056

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.)