

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

31559
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1007 Registered No. 3657
 (c) City W.C. Mo. (d) Street No. Research 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME A. F. Yankum
 (a) Residence, No. Waterville, Kan. 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 Male 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 Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS 78 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) (STATE OR COUNTRY) Unknown 9

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records
City

18. BURIAL, CREMATION, OR REMOVAL PLACE Waterville, Kan. DATE Sept 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. H. Fulton
R.C.M.

20. FILED Sept 18, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-7-39, to 9-18-39, 1939.
 I last saw him alive on 9-18-39, 1939. Death is said to have occurred on the date stated above, at 12 P.M.
 The principal cause of death and related causes of importance were as follows:

Uremia
Chronic Nephritis
131
 (Prostatic Hypertrophy)
(Transurethral resection)
 Date of onset _____

Name of operation abode Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Paul Harrison, M. D.
 (Address) 1105 3rd St
H.E. Ste.

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.

1 X 14023

Dr

97A12123

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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(a) County Jackson Registration District No.
 (b) Township Raw Primary Registration District No.
 (c) City R. 6. Mo (d) Street No. Research 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3657

2. PRINT FULL NAME Aaron Alvin F. Yoakum

(a) Residence, No. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Yoakum

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired P.P. Engineer
 9. Industry or business in which work was done, as saw mill, bank, etc. P.P. Engineer
 10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jagwell Tenn

13. NAME Robert Yoakum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jagwell Tenn

15. MAIDEN NAME Mary Rodgers

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jagwell Tenn

17. INFORMANT (ADDRESS) Mrs Mildred Moody Waterville Ky

18. BURIAL, CREMATION, OR REMOVAL PLACE Waterville Mo DATE 9-21-39

19. FUNERAL DIRECTOR (ADDRESS) H.S. Youngberg Waterville Mo

20. FILED 9/18 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1939

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the ... stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... 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) ... M. D.

(Address) ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. THIS IS SUPPLEMENTARY RECORD

