

Registration District No. **67**

Primary Registration District No. **4039**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Marble Hill, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Marble Hill, Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days 5 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger  
(c) City or town Marble Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

John Lee Yount

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 480-14-9795

20. DATE OF DEATH: Month June day 8  
year 1940 hour 8 minute 55 A.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: Septicemic Meningitis  
Due to: Septicemia  
Due to: 24

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature John J. Myers (M. D. or other) 3/1/40  
Address Sikeston, Mo Date signed 7/17/40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alta Yount 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 2, 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 1 20 hr. min.

9. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salvager

11. Industry or business \_\_\_\_\_

12. Name John Yount

13. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Ditt

15. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Alta Yount

(b) Address Marble Hill, Mo

17. (a) Burial (b) Date thereof June 9, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Trace Creek near Stimpson, Mo

18. (a) Signature of funeral director Clayton M. ...

(b) Address Advantage, Mo

19. (a) 7-5 (b) Mrs. H.A. Sellers  
(Date received local registrar) (Registrar's signature)

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

**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.....

*Lloyd C. Morgan*

Licensed Embalmer No. 3361

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.**