

S. No. 2
M-1-4-41
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **13522**
Registrar's No. **1503**

Registration District No. **395**

Primary Registration District No. **1002**

Registrar's No. **1503**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. & 23 days**
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2317 Terrace**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **SIDNEY HENGST yingst**

3. (b) If veteran, name war **no** (c) Social Security No. **no**

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

6. (b) Name of husband or wife **Ethel yingst** (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 15 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **12**
If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Usual occupation **Shoe maker**

Industry or business _____

12. Name **Sydney yingst**

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Maiden name **Mary Parbush**

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. (a) Informant **Record clerk**

(b) Address **K.C. Gen. Hosp.**

17. (a) **Burial** (b) Date thereof **4-15-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Hope, K.C.**

18. (a) Signature of funeral director **Wm. A. ...**
(b) Address **17 E. ...**
19. (a) **Apr 15, 1941** (b) **M. M. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12th**
year **1941** hour **9** minute **40 A.** M.

21. I hereby certify that I attended the deceased from **2-17-41** 19... to **4-12-41** 19...
that I last saw him alive on **4-12-41** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertrophy of heart-aortitis**
Hydrothorax; hydroperitoneum

Due to _____
Due to _____

Other conditions **Empyema, right**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **See above**

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 **Wm. A. Thom** (M. D. or other) _____
Address **Med. Dir. K.C. Gen. Hospital** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

copy of file to be made by city

48
3
8

H-3

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, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 13522/41

State of Missouri
County of Jackson ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1503

On this 5th day of September, 1956, before me appears Ethel Snyder, who, upon _____ oath, states that the original record of ^{birth} death

for Sidney Yengst died born 4-12- 1941, in the State of Missouri, and which was filed at Jensen Jefferson City, Missouri on 4-15, 1941, should be corrected as follows:

Item No. 3 should read Sidney Yengst
Instead of Sidney Yengst

Item No. 12 should read dry Yengst
Instead of dry Yengst

Item No. 6 should read Ethel Yengst
Instead of Ethel Yengst

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read Verified by Hosp. Record
Instead of Gen. Hosp. #1

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ethel Snyder x widow Relationship.

x Belton Mr R R 1
Present Address.

Subscribed and sworn to before me this 5th day of September, 1956

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

