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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19684-17387
State File No. 17387

Registration District No. 76

Primary Registration District No. 4058

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town HAMILTON
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME DONALD RAY YOKUM

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

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

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

7. Birth date of deceased MARCH 12 1941 (Month) (Day) (Year)

8. AGE: Years 2 Months 7 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name RAY YOKUM
13. Birthplace RAY CO MO (City, town, or county) (State or foreign country)
14. Maiden name BEATRICE HARRIED
15. Birthplace CALDWELL CO MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs RAY YOKUM (b) Address HAMILTON MO

17. (a) BURIAL (b) Date thereof MAY 20 1949 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOWBID MO

18. (a) Signature of funeral director BRAN Funeral Home (b) Address HAMILTON MO

19. (a) MAY 20 1949 (b) Merle Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1941 hour 9 minute 18 P.M.

21. I hereby certify that I attended the deceased from April 24 1941 to May 18 1941 that I last saw him alive on May 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Whooping cough

Due to

Due to

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 of G. P. Ferguson (M. D. or other) Address Hamilton MO Date signed 5/20/49

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

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Morris A. Brown
.....
Licensed Embalmer No. 50918

P. O. Address 7. Hamilton 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.