DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

MAY JUL 14 1941

22828

State File No.

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbons Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

(c) City or town Miami 0 (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Mary Emma Yowell

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female/

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ike Yowell

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. (Month) 4th (Day) 1875 (Year)

8. AGE: Years 66 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Saline County (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Walter Pinkard
13. Birthplace Va. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Lucy Neff
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant's own signature Ike Yowell

(b) Address R.F.D. Miami, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-25-'41 (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Mo.

18. (a) Signature of funeral director Hill Brothers, 7/2

(b) Address Slater, Mo.

19. (a) 6-25-41 (Date received local registrar) (b) Mary Kent Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from June 21, 1941, to June 23, 1941 that I last saw her alive on June 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Incarcerated Hernia 3 days before operation — Duration 3 days

Due to

Due to 122 B

Other conditions Senility Hypertension (Include pregnancy within 3 months of death)

Major findings: Of operations Incarcerated hernia

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. K. Nix (M. D. ~~or other~~)

Address Marshall, Mo. Date signed June 24

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X19511

JUL 12 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-10-41

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 R. C. Hill.

Licensed Embalmer No. 3090

P. O. Address Slater, Mo.

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.