

FILED MAY 14 1942

State File No. ....

Registration District No. ....

Primary Registration District No. 3035

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond  
(c) Name of hospital or institution: Richmond Hosp  
(d) Length of stay: In hospital or institution 10 days  
In this community 50 yrs.

3. (a) PRINT FULL NAME Fred Yetzone

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

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

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

7. Birth date of deceased 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation grocer

11. Industry or business retail

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant Narve Dickink

(b) Address Luxington Mo

17. (a) Burial (b) Date thereof 5-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington

18. (a) Signature of funeral director Winkler

(b) Address Luxington Mo

19. (a) May 8 1942 (b) Mrs. Chas. V. Sheppard  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Lafayette  
(c) City or town Luxington  
(d) Street No. 24th St.  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1942 hour 12 minute 15 P.

21. I hereby certify that I attended the deceased from May 1  
1942, to May 7, 19 42  
that I last saw him alive on May 7, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Inferior of lung  
Pulmonary embolus  
Due to Pulmonary embolus  
Due to Post-operative (hernia) embolus  
Other conditions -  
(Include pregnancy within 3 months of death)

Major findings: Of operations 111a  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature H. M. Griffith (M. D. or other) M.D.  
Address Richmond Mo Date signed 6-7-42

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

89  
1  
1

MAY 26 1944

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-13-44

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 Garret F. Trumpel

Licensed Embalmer No. 3295

P. O. Address Livingston, Ill

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.