

No. 2
4-13-40
5-17-39
P-1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18021

State File No. _____

FILED JUN 30 1942

Registration District No. _____ Primary Registration District No. 5436 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene

(b) City or town R.F.D. Republic's 2000
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 33-329
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Republic Mo Rural Pt 1
(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 Howard D. Yount

3. (b) If veteran, Served Termin
name war 1st World War Army

3. (c) Social Security No. 567-18-21

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ola Gardner Yount

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

7. Birth date of deceased, Feb 12 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>3</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Harry Yount

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Glen

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ola Gardner Yount

(b) Address Republic Mo.

17. (a) burial (b) Date thereof May-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wade Chapple cemetery

18. (a) Signature of funeral director R. H. ...

(b) Address Republic Mo

19. (a) May-22-42 (b) Glorious Britain
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 21 day 1942

hour 1:30 am. minute _____ M.

21. I hereby certify that I attended the deceased from April 20, 1942 to May 21, 1942;

that I last saw him alive on May 20, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death leakage of Heart with Mitral Regurgitation and General Anasarca

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 928

Major findings: Of operations none

Of autopsy none

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 0

23. Signature E. H. Beal (M. D. or other)

Address Republic Mo Date signed May 21-42

39
00

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1241 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 42-6-51

Date Filed 6/2/92

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. Purman

Licensed Embalmer No. 508

P. O. Address.....

Republic

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.