

No. 2
-5-42
5-17-39
I X32873

FILED JUL 17 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2656

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:
412 West 35th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
25 Years (years, months or days)

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. 412 West 35th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Hiram A Yewell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Sinah C. Yewell

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 20 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Cottage Home Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler Maker - Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Yewell

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

14. Maiden name Mary Cotton

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

16. (a) Informant Sinah C. Yewell

(b) Address 412 W. 35th St.

17. (a) Burial (b) Date thereof 7-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-11-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1942 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from June 17th
1939 to July 9th 1942
that I last saw him alive on July 9th
and that death occurred on the date and hour stated above.

Immediate cause of death Myeloid leukemia

Duration _____

Due to _____ 74a

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address 311 Apple Alley Date signed 7/10/42

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

