

Original Copy sent to the Bureau of the Census, Vital Statistics, Washington, D.C.  
DEPARTMENT OF COMMERCE  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
State File No. 54419

Registration District No. 245 Primary Registration District No. 2037 Registrar's No. 114

73  
2930  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Neosho, Missouri  
(c) Name of hospital or institution: K.C. & Southern R.R. Near Fish Hatcheries  
(d) Length of stay: In hospital or institution 3 months  
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Saline  
(c) City or town Harrisburg  
(d) Street No. R.R. #2  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME Yohe, Ed  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 14 year 1942 hour about 3:00 AM minute M.

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  
7. Birth date of deceased July 25 1914

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

8. AGE: Years Months Days If less than one day  
28 1 21 -- hr. -- min.

Immediate cause of death Internal injuries  
Due to trauma  
Due to train accident

9. Birthplace Saline Illinois  
10. Usual occupation Soldier  
11. Industry or business U. S. Army

Other conditions  
Major findings:  
Of operations  
Of autopsy  
169-6  
310

MOTHER FATHER

12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Mrs. Mary Yohe  
15. Birthplace Unknown

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accidental  
(b) Date of occurrence September 14, 1942  
(c) Where did injury occur? Neosho Newton Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

16. (a) Informant Soldier's Service Record  
(b) Address Camp Crowder, Missouri  
17. (a) Removal (b) Date thereof Sept 14, 1942  
(c) Place: burial or cremation Harrisburg, Illinois

While at work? train  
23. Signature H.E. WINDLELLER Capt. (M.D. or other) MO.  
Address Camp Crowder, Mo. Date signed 9/14/42

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Missouri  
19. (a) 9-14-1942 (b) Carey Thompson

22. (a) Accident, suicide, or homicide (specify) Accidental  
(b) Date of occurrence September 14, 1942  
(c) Where did injury occur? Neosho Newton Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

1110

RECEIVED

District Health Officer No. 6,

District File Number 1042-1492

Date Filed OCT 14 1942

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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 John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address: Carthage

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.