

**WED JAN 15 1943**

Registration District No. **408 157**

Primary Registration District No. **5-563.3082**

Registrar's No. **258**

49  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural—Merion Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper County Alms House 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 67 years  
(Specify whether years, months or days)

In this community 67 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 4, Carthage  
(If rural, give location)

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

3. (a) PRINT FULL NAME Clarissa Yoas

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Unknown 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months Unknown Days Unknown If less than one day hr. mjn.

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

10. Usual occupation None (Inmate)

11. Industry or business None

MOTHER FATHER { 12. Name Henry Yoas

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

14. Maiden name Unknown

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

16. (a) Informant Jasper Co. Alms House Reco

(b) Address Route 4, Carthage, Mo.

17. (a) Burial (b) Date thereof Jan. 21, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Dec. 31, 1942 (b) Elizabeth Conplain  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30  
year 1942 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Dec 20, 1942 to Dec 30, 1942  
that I last saw her alive on Dec 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Senility

Due to Senility

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

Major findings: Senility  
Of operations Senility  
Of autopsy Senility

Duration Senility

PHYSICIAN Senility  
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) Senility

(b) Date of occurrence Dec 30, 1942

(c) Where did injury occur? Carthage, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury Senility

23. Signature P. A. [Signature] (M. D. or other)

Address Carthage, Mo. Date, signed Dec. 31, 42

1203

**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 *Lucy Kneec-Buehnee*

Licensed Embalmer No. *2510*

P. O. Address *Canthage, 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, fact should be so stated above.**