

LED APR 7 1943

Registration District No. 206

Primary Registration District No. 4317

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Marion  
(c) Name of hospital or institution: Marion  
(d) Length of stay: In hospital or institution 3-22-43 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Marion  
(d) Street No. ....  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MINNIE-C. YOUNT

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married 1 divorced married  
6. (b) Name of husband J.P. Yount 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased JAN 15-1879 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business.

MOTHER FATHER { 12. Name PINKNEY-WHITEHEAD  
13. Birthplace MARION (City, town, or county) (State or foreign country)  
14. Maiden name CHRISTINE STROUP  
15. Birthplace MARION MO (City, town, or county) (State or foreign country)

16. (a) Informant J.P. Yount  
(b) Address Marion Mo  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-21-1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Marion Mo

18. (a) Signature of funeral director Ed Thomas  
(b) Address Marion Mo

19. (a) Mar 20 1943 (Date received local registrar) (b) B. A. Stangher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19 year 1943 hour 4 PM minute M.

21. I hereby certify that I attended the deceased from Mar 12 1943 to Mar 19 1943; that I last saw her alive on Thursday March 18 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) gta

Major findings: Of operations ..... Of autopsy .....  
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 St. Elmer S. Nash (M. D. or other) D.O.  
Address Marion, Mo Date signed Mar 20 1943

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

MAY 6 1943

RECEIVED

District Health Officer No. 4  
District File Number 443-1995  
Date Filed 4-6-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.