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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3145

Registration District No. B-2 Primary Registration District No. 4241 Registrar's No.

18
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0

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Oak Grove (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

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

In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 0

(c) City or town Oak Grove 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Louisa J. Yingling

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex F M

5. Color or race W

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

6. (b) Name of husband or wife J. D. Yingling

6. (c) Age of husband or wife if alive 82 years

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

8. AGE: Years 83 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Millville Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Renfro
13. Birthplace Ray Co Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha McCuston
15. Birthplace Ray Co Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant J D Yingling

(b) Address Oak Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Mrs G B Webb & Son

(b) Address Oak Grove Mo

19. (a) Dec. 26, 43 (Date received local registrar) (b) Mrs Jessie M. Liston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1943 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from Oct 12, 1943, to Dec 20, 1943; that I last saw her alive on Dec. 20, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute exacerbation of chronic frontal bilateral sinusitis	7 days
Due to Fracture intracrochanteric ~~[illegible]~~ Left	68 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

186a
39

Major findings: Of operations Intra Crochanteric fracture, Left.

Of autopsy none.

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) accident 123

(b) Date of occurrence Oct. 13 1943

(c) Where did injury occur? Kansas City Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about ~~home, on farm, in industrial place, in~~ public place? Bus Terminal K.C. Mo. (Specify type of place)

While at work? no (e) Means of injury Fell to floor

23. Signature O. Liston (M. D. or ~~other~~)

Address Oak Grove Mo Date signed 12-21-43

1360

(Licensed Embalmer's Statement on Reverse Side)

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 Beebb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.