

6660

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 2-65

FILED MAR 15 1944
Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 2 J
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 62 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Rochester Township?
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi S.E. Savannah
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME IDA Yost

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F 5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JUNE 13 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace ANDREW CO MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John W. Yost

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

14. Maiden name VERNA ESEY

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

16. (a) Informant's own signature Chas Yost

(b) Address Savannah mo.

17. (a) B- (b) Date thereof 3 1 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director E. C. Pruitt

(b) Address Savannah mo

19. (a) 3-1-44 (b) Roe DeLong
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1944 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 21 1944 to Feb 28 1944
that I last saw her alive on Feb 28th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Fatty heart Duration _____
patient weighed 300+ lbs high
duration of

Due to Excessive Obesity
Life Time

Due to _____

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

Major findings: 934

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? _____

(Specify type of place) _____ (e) Means of injury 1

While at work _____

23. Signature E. C. Pruitt (M. D. or other) _____
Address State Hospital # 2 Date signed 3/1/44
St. Joseph mo

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1951

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

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, above space should be left blank.