S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 11049

Registrar's No. 234

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1½ Hours (Specify whether years, months or days)
In this community: 1½ Hours

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: New Jersey (b) County: Essex 28
(c) City or town: East Orange 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 307 William, St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: Janette Yoder
3. (b) If veteran, name war: No
3. (c) Social Security No. 136-18-9770

4. Sex: Female
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: April (Month) 20, (Day) 1921 (Year)

8. AGE: Years: 22. ✓ Months: 10 Days: 20 If less than one day: hr. min.

9. Birthplace: Bloomfield (City, town, or county) New Jersey (State or foreign country)
10. Usual occupation: Aircraft Worker
11. Industry or business:
FATHER 12. Name: Frank Yoder
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Pilots License
(b) Address:
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: March 13, (Month) (Day) 1944 (Year)
(c) Place: burial or cremation: East Orange N.J.
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 3-13-44 (Date received local registrar) (b) R W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1944 hour 8 minute 30 p. M.
21. I hereby certify that I attended the deceased from 6:30 pm March 10th, 1944, to 8:30 PM Mar 10, 1944 that I last saw him alive on March 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture skull, Shock, Internal injuries — Duration: 2 hrs
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 173-8
Major findings: Of operations: ✓ 21
Of autopsy: ✓ 21

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: accident
(a) Accident, ~~suicide, or homicide (specify)~~: Airplane Crash
(b) Date of occurrence: Mar. 10-44 1939
(c) Where did injury occur? Stratford, Camden NJ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)
While at work? no (e) Means of injury: Airplane Crash
23. Signature: George Lefferts (M. D. or other)
Address: Hillside Ave, Spfd, Mo. Date signed 3/11/44

1944

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1944

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. L Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.