

FILED JUN 8 1945

Registration District No. _____

Primary Registration District No. 3025

Registrar's No. 45

1. PLACE OF DEATH:

(a) County West Plains
 (b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days 15 yrs -

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newell
 (c) City or town West Plains 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 500 N. Washington
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Yerkamp
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 21
 year 1945 hour 3 minute 15 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife W.P. Yerkamp 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Apr 1st (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1944 to April 21, 1944
 that I last saw her alive on April 20, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 7 Days 20 If less than one day (hr. _____ min. _____)

Immediate cause of death: Tuberculosis, pulmonary, chr. Undetermimed

9. Birthplace Henry Co., Mo. (City, town, or county) (State or foreign country)

Due to Bronchiectasis and Old age

10. Usual occupation Housewife

Due to _____

11. Industry or business _____

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

12. Name Mrs C. Yerkamp

Major findings: _____

13. Birthplace West Plains, Mo. (City, town, or county) (State or foreign country)

Of operations _____

14. Maiden name Orsola Van Cleave

Of autopsy _____

15. Birthplace West Plains, Mo. (City, town, or county) (State or foreign country)

PHYSICIAN _____

16. (a) Informant Bert L. Kriskely

Underline the cause to which death should be charged statistically.

(b) Address West Plains, Mo.

22. If death was due to external causes, fill in the following:

17. (a) _____ (b) Date thereof 4-23-45 (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(c) Place: burial or cremation Federal Home

(b) Date of occurrence _____

18. (a) Signature of funeral director W. H. ...

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Address West Plains, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) _____ (b) _____ (c) _____

Signature A. J. ... (M. D. or other) M. D.
 West Plains, Missouri Date signed 4/29/45

RECEIVED

District Health Officer No. 5,

District File Number 644345.

Date Filed 6. 7. 44

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

A. S. Roberts

Licensed Embalmer No.

3437

P. O. Address

West Lane, N

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.