

S. No. 2  
4-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1788

State File No. ....

FILED JAN 19 1945  
REGISTRATION DISTRICT NO. 12

Primary Registration District No. 5124

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town "Rural" Bloomington Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2 1/2 miles No. of DeKalb, Mo.  
(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 years / \_\_\_\_\_ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan / /

(c) City or town "Rural" Bloomington /  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 miles No. of DeKalb, Mo. /  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME FRANCIS SCOTT YOCUM

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male / 5. Color or race white

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

6. (b) Name of husband or wife Samantha Yocum

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

7. Birth date of deceased November 16 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>1</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Jackson county Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James F. Yocum

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

14. Maiden name Martina Hall

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

16. (a) Informant Mrs. Ernest Hale

(b) Address R.R. # DeKalb, Mo.

17. (a) burial (b) Date thereof 1/7/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Walter Bertole & Bowman

(b) Address 319 So. 10th

19. (a) 1/5/45 (b) Ther J. Stahl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th  
year 1945 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1944 to Dec 28, 1944  
that I last saw him alive on Dec. 28, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Myocardial degeneration

Due to \_\_\_\_\_

Due to arterio sclerosis & senility

Duration \_\_\_\_\_ years

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93d

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)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. L. Plath (M. D. or other) D.O.  
Address DeKalb, Mo. Date signed 1/6/45

As Plath - Ste. 700, No.

**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 Edward J. Dawson

Licensed Embalmer No. 1710

P. O. Address St. Joseph, 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.**