

Registration District No. 222

Primary Registration District No. 4333

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Clarksburg
(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 15 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Clarksburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles W. Yocum

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1945 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from never _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Face W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Yocum 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 18 1867
(Month) (Day) (Year)

Immediate cause of death Pulmonary Hemorrhage Duration 10 min.
Due to ? Pulmonary Carcinoma 1 1/2 years

8. AGE: Years 77 Months _____ Days 14 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations H 76
Of autopsy _____

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

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name L. L. Yocum

13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Yocum

(b) Address Clarksburg MO

17. (a) Burial (b) Date thereof 1/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director W. Williams
(b) Address California MO

19. (a) Jan 4 - 1945 (b) Jennie M. Medels
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature Edgar A. Kober (M. D. or other) _____
Address California Date signed 1/4/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-21-45

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.....

Hugh L. E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.