

FILED APR 24 1946 STANDARD CERTIFICATE OF DEATH

13544

State File No.

Registration District No. 100

Primary Registration District No. 5572

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Oak Grove mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burial, private sep.
Jackson Co Home for Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 8 mo 5 da
(Specify whether years, months or days)
In this community 78 yrs 8 mo 5 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
City or town Oak Grove mo
(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 Robert Youree

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 20 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Oak Grove, mo
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

12. Name Robert Youree

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

14. Maiden name Frances Waller

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

16. (a) Informant Records County Home

(b) Address Rt 4 Indep mo

17. (a) Burial (b) Date thereof 2-13-46
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove mo

18. (a) Signature of funeral director H. B. Webb & Son

(b) Address Oak Grove mo

19. (a) 3/2/46 (b) Sara [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1946 hour 5:00 minute _____ M. _____

21. I hereby certify that I attended the deceased from Jan 1 1946 to 2/11 1946
that I last saw him alive on 2/10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

coronary thrombosis

Due to _____

Due to _____

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

Major findings: 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature J. N. [Signature] (M. D. or other) _____

Address Indep mo Date signed 2/12/46

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

MOTHER FATHER

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..... *R. B. W. M. H.*
Licensed Embalmer No. *2353*
P. O. Address *Blue Springs 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.