

No. 2
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5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24674
13

State File No. 13
Registrar's No.

Registration District No. 298

Primary Registration District No. 6023

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Ray
(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.
In this community all his life
years, months or days

3. (a) PRINT FULL NAME James E. Yoakum
3. (b) If veteran name War
3. (c) Social Security No.

4. Sex M 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosa Yoakum
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased June 24 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 14
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Tom Yoakum
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Minnie
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Yoakum
(b) Address Polo Mo

17. (a) Burial (b) Date thereof 6-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Albaugh + Coakley
(b) Address Polo Mo

19. (a) June 26 1946 (b) Mrs. Raymond Grouse
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Rural
(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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12
year 1946 hour 12-30 minute P.M.
21. I hereby certify that I attended the deceased from Jan 19 1946, to June 12 1946
that I last saw him alive on June 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition
Due to Inability to swallow
Due to Infected glands of throat
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1150
Of autopsy

Duration
3 wks
2 weeks
3 weeks
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) (c) Means of injury
23. Signature J. K. Wilbur M.D. (M.D. or other)
Address Polo Mo Date signed 6-13-46

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-20-46.....

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.....

Licensed Embalmer No.

P. O. Address.....

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.