

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37262**
Registrar's No. **4928**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
327 West 12th Street
(d) Length of stay: In hospital or institution **5 days**
In this community **5 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Putnam**
(c) City or town **Unionville**
(d) Street No. **Rural**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Cleo Yount**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **21st**
year **1946** hour **10:45** minute **A** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Flossie Mae Yount**
6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **Jan. 12 1886**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60. 10. 9

Immediate cause of death **Deputy Coroner
Pneumonia - probably
aspiration -**
Due to _____
Due to _____

9. Birthplace **Missouri**

Other conditions **107**
(Include pregnancy within 3 months of death)

10. Usual occupation **Resturant Operator**

11. Industry or business _____

MOTHER FATHER { 12. Name **Izra Yount**

13. Birthplace **Missouri**

14. Maiden name **(Unknown) Korn**

15. Birthplace **Unknown U.S.A.**

16. (a) Informant **Zora Dawn Yount**

(b) Address **Unionville, Missouri**

17. (a) **Removal** (b) Date thereof **11-22-46**

(c) Place: burial or cremation **Unionville, Missouri**

18. (a) Signature of funeral director **Weilert Funeral Home**

(b) Address **Kansas City, Missouri**

19. (a) **11-23-46** (b) **Bernadine Holmes**

Major findings:
Of operations _____
Of autopsy **See Above**

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? _____

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

While at work _____

23. Signature **AS Cooper**

Address **3800 Main St**

PHYSICIAN
Underline the cause to which death should be charged statistically.

OCT 7 1941

DEC 12 1946

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 *Blaine E. Weiler*

Licensed Embalmer No. *4075*

P. O. Address. *K. C. 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.