

FILED JUN 9 1947

State File No. _____

Registration District No. 164

Primary Registration District No. 5597

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Rfd Centerview
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 57 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Rfd Centerview
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Floyd Yeck

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color 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 July 28 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 3
1947 to May 30, 1947
that I last saw him alive on May 30, 1947
and that death occurred on the date and hour stated above.

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

67	10	2	hr. _____ min.
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Immediate cause of death Carcinoma Rectum

Due to _____

Due to _____

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

Duration 2 yrs

9. Birthplace Diamond Dale Mich
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 46P

MOTHER FATHER

11. Industry or business _____

12. Name Ephriam Yeck

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

14. Maiden name Melissa Patch

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

16. (a) Informant Carrie Griffy

(b) Address Centerview Mo

17. (a) Burial (b) Date thereof 6-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

* (c) Place: burial or cremation Plattsburg Mo.

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? _____

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo

19. (a) May 31, 1947 (b) Savannah
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Warrensburg Mo. Date signed May 31/47

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

7
0
0

51
0
0
0

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 J. Earl Priest
Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.