

S. No. 2  
 12-45  
 5-17-39  
 PI X47070

FILED JUL 19 1947 49

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
 (a) County Cal. County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Trinity Lutheran Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 Days (Specify whether  
 years, months or days) 9 days

3. (a) PRINT FULL NAME Katherine BELVA YONTS  
 3. (b) If veteran, name war no 3. (c) Social Security No. none  
 4. Sex F 5. Color or race White  
 6. (a) Single, widowed, married, divorced 2  
 6. (b) Name of husband or wife Phillip C Yonts  
 6. (c) Age of husband or wife if alive 25 years  
 7. Birth date of deceased Nov 25 1891  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>13</u>	hr. min.

9. Birthplace Cal. County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name David Loreall

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

14. Maiden name Nancy Hill

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

16. (a) Informant Roy Yonts

(b) Address 1850 S. Cox

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-47  
 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem H.

18. (a) Signature of funeral director W. H. Grogg

(b) Address 253 N. 10th

19. (a) 7-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kansas (b) County Wyandotte 999  
 (c) City or town Kansas City 14  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1119 Scott Avenue 0  
 (If rural, give location) 2  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
 year 1947 hour 9:25 a.m. A M.  
 21. I hereby certify that I attended the deceased from 6/28/47  
 to 7/8/47  
 that I last saw her alive on 7-8-47  
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia Duration \_\_\_\_\_

Due to Hypertensive arteriosclerosis  
cardiovascular renal disease

Due to with uremia and hypertensive  
encephalopathy.

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? 0

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

23. Signature W. H. Grogg M. D. or other) W. H.

Address 1401 Southwest Blvd. Date signed 7/8/47

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.....

CHAS H. RIDER, Registered Apprentice No. 3404,  
working under my personal supervision.

Signed Chas H Rider

Licensed Embalmer No. 3404

P.O. Address 703 N. 10<sup>th</sup>

**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.