

No. 2
-12-45
-17-39
X47070

FILED NOV 18 1947

Registration District No. 59

Primary Registration District No. 4093

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town East Lynne
(If outside city or town limits, write "RURAL" and name of township)
(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 Three Month
In this community Three Month
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John A. Yoder
3. (b) If veteran, name war World War One
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Yoder
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Sept. 6th 1881
(Month) (Day) (Year)

8. AGE: 66 Years Months 23 Days
If less than one day _____ hr. _____ min.

9. Birthplace Iowa City, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Farm Laborer (retired)

11. Industry or business Daniel F. Yoder
12. Name _____
13. Birthplace Logan Co., Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Troyer
15. Birthplace Champaign Co., Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Yoder
(b) Address Gunn City, Missouri

17. (a) Burial (b) Date thereof Oct. 31 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clearfork Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address East Lynne, Mo.

19. (a) 11-13-1947 (b) Sandra J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town East Lynne
(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 Oct. 29 day 29
year 1947 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from June 25, 1947, to Oct. 29, 1947;
that I last saw him alive on September 2, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arteriosclerosis
Duration 1 hr.
3 yrs.

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

Major findings:
Of operations 94A
Of autopsy _____

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury 2
23. Signature Dr. C. E. Everett (M. D. or other) Dr.
Address Harrisonville, Mo. Date signed 10/30/47

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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.....

A. O. Watzler

Licensed Embalmer No.

2717

P. O. Address.....

East Lynne 7

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.