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17-39
3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1948

Registration District No. **155**

Primary Registration District No. **5580**

Registrar's No. **110**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural, Twin Groves, Jasper**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **51 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **rural** (If outside city or town limits, write "RURAL")
(d) Street No. **2 mi North Joplin** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Herbert Ytell**

3. (b) If veteran, name war ********* 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**
year **1948** hour **10** minute **45** AM.

21. I hereby certify that I attended the deceased **July 20** 19**48** to **July 20** 19**48**
that I last saw him alive on **July 20** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**
Due to: **fractured ribs**
Due to _____

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

Major findings:
Of operations _____
Of autopsy **Autopsy**

Duration
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) (e) Means of injury _____

23. (Signature) **F. B. Kamin** (M. D. or other) _____
Address **Carl Junction, Mo** Date signed **7-20-48**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept** (Month) **1** (Day) **1881** (Year)
8. AGE: Years **66** Months **10** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Osborn, De Kalb Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Service Station**

11. Industry or business _____

MOTHER FATHER
12. Name **Hans Ytell**
13. Birthplace **Sweden** (City, town, or county) (State or foreign country)
14. Maiden name **Christerna Anderson**
15. Birthplace **Sweden** (City, town, or county) (State or foreign country)

16. (a) Informant **W. J. Ytell**
(b) Address **Osborn, Mo.**

17. (a) **Burial** (b) Date thereof **7-22-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Carl Junction Cemetery**

18. (a) Signature of funeral director **Carl Junction**
(b) Address **Carl Junction, Missouri**

19. (a) **JULY 20, 1948** (Date received local registrar)
139 (Registrar's signature)

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

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 Harvey E. Ornee

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.