FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 12

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25557

Primary Registration District No. 1000

Registrar's No. 935

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: W 2018 Francis St. Rosary Hill Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)

In this community: 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Doniphan 99.9

(c) City or town: Highland (If outside city or town limits, write "RURAL") 14 0

(d) Street No.: Highland, Kansas (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME: Earl Yankee

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: unk. 9

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: September (Month) 14 (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	66	11	11	hr. min.

9. Birthplace: Benton County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Laborer

MOTHER FATHER

12. Name: Unknown 9

13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: Rosary Hill Nursing Home

(b) Address: St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8/31/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland, Kansas

18. (a) Signature of funeral director: Heaton-Bowman

(b) Address: St. Joseph, Mo.

19. (a) 9-7-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 31 year: 1948 hour: 6 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Aug 29, 1948 to Aug 29, 1948 that I last saw him alive on Aug 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	2 days
Due to: arteriosclerosis	10 yrs
Due to:	
Other conditions: ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature: E B Werner (M. D. ~~or other~~)

Address: 221 Kirkpatrick Bldg St Joseph Mo Date signed: 8-31-1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th St Joseph

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.