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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35796

State File No. _____

Registration District No. 44

Primary Registration District No. 5147

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution:
Northwest Braymor - Rural
(If not in hospital or institution, write street number or location)

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

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Caldwell 13

(c) City or town Braymor Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME LIZA DELL YUILLE

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced, widowed widowed

6. (b) Name of husband or wife William Yuille

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

7. Birth date of deceased April 12, 1878
(Month) (Day) (Year)

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

70 6 6 X hr. X min.

9. Birthplace Carroll Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Housekeeper

MOTHER FATHER { 12. Name William Chapman 0

13. Birthplace Mercer Co., Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Eveline Chapman

15. Birthplace Mercer Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Yuille

(b) Address Rural-Braymor, Mo.

17. (a) Burial (b) Date thereof 10/20/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cerrilton, Mo.

18. (a) Signature of funeral director Loni C. Mitchell

(b) Address Braymor, Mo.

19. (a) 12-1-48 (b) Mrs. Nell B Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1948 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from October 18, 1948, to 19, 1948;
that I last saw h. ER alive on October 18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 HRS

Due to ARTERIO SCLEROSIS UNKNOWN

Due to ARTERIAL HYPERTENSION UNKNOWN

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

Major findings:
Of operations _____

Of autopsy 130

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 John R. Crank (M. D. or other)

Address BRAYMER, MO. Date signed 10-23-48

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Gene C. Michael*

Licensed Embalmer No. 4540

P. O. Address Braymer, 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.