

REC'D MAY 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15041
Do not use this space.

1. PLACE OF DEATH
 (a) County Laclede Registration District No. 449
 (b) Township _____ Primary Registration District No. 1267 Registered No. _____
 (c) City Lemon (d) Street No. Molter Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lewis Edmund York, 1.20
 (a) Residence, No. Texas County, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Am 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Still Born

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lemon Mo

FATHER
 13. NAME L E York
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkville Mo

MOTHER
 15. MAIDEN NAME Ruth E Cochran
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Mo

17. INFORMANT (ADDRESS) L E York, Evening Shade Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Texas County DATE April 14 1938

19. FUNERAL DIRECTOR (ADDRESS) Phyllis Lemon Mo

20. FILED 4-13-38 J A McComb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938, to Apr 13, 1938.
 I last saw h. alive on, 1938. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Stillborn

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) P. Thompson, M. D.
 (Address) Laclede Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, R.A. Palmer

....., Licensed Embalmer No.

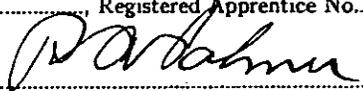
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....



..... Licensed Embalmer No. 1161

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.)