CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 24 1938

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

32636
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis — Registration District No. 479
(b) Township LaBelle — Primary Registration District No. 4288 — Registered No.
(c) City LaBelle — (d) Street No. ..... 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 William H Yancey 590
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Elizabeth Yancey ~~Wilson~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-31-1867

7. AGE: YEARS 71 — MONTHS 0 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
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) Newark Mo. 0

FATHER
13. NAME James B. Yancey 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 0

MOTHER
15. MAIDEN NAME Maria Sanford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT (ADDRESS) Mrs Nora Cole Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE LaBelle Cem. DATE Sept. 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James T Cochet Son's LaBelle Mo.

20. FILED 9/20 1938 J L Bourn
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to Sep 18th, 1938
I last saw him alive on Sep 16th, 1938. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bowel	

Other contributory causes of importance: 46

Name of operation Colostomy Date of July 38
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? no
If so, specify .....
(Signed) H W McKim, M. D.
(Address) LaBelle Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-38-260

Date Filed 10-10-38

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,~~ us James T. Coder & Sons, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address LaBelle M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.