

MARGIN RESERVED FOR BINDING

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

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.

MAR 11 1946

State File No. 5995
Registrar's No. 196

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
mo Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dawson

(c) City or town RFD #4 Pattonburg
(If outside city or town limits, write "RURAL")

(d) Street No. R#4
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Ralph Freeman York

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 30
year 1940 hour 3 minute _____ A. M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 11 1934
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-19-40
7-20-1940, to 2-20-1940, 1940
that I last saw him alive on 2-19-1940
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>9</u>	<u>9</u>	hr. _____ min.

Immediate cause of death Peritonitis
Duration 4 days

Due to Ac Appendicitis - Acute 5 days

Due to _____

9. Birthplace Pattonburg mo
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Ruptured appendix with peritonitis.

Of autopsy None.

10. Usual occupation _____

11. Industry or business _____

12. Name Charles F York

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name Stitt

15. Birthplace MO
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature Charles F York

(b) Address Pattonburg MO

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Paul Forgray (M. D. or other) _____

Address St Joseph MO Date signed 2-30-40

17. (a) Burial (b) Date thereof 2-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation out of state

18. (a) Signature of funeral director Stitt

(b) Address Pattonburg MO

19. (a) 2-20-1940 (b) A. Deatrich
(Date received local registrar) (Registrar's signature)

V. S. No. 42.
50M-517-39
Rev. 5-17-39
U. S. G. P. 1 X1511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, or by.....

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

Signed Ed Gromer

Licensed Embalmer No. 3857

P. O. Address Patonsburg Pa

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, above space should be left blank.