

APR 23 1940

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

11536
Do not use this space.

1. PLACE OF DEATH

(a) County Laurance Registration District No. 484
(b) Township Ogark Primary Registration District No. 3638
(c) City _____ (d) Street No. _____ Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

(a) Residence, No. 520 Thomas Sherman (Cap) Yancey
Clinton Mo. A. R. St. (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 Josie Yancey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-20-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 23

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. Farmer
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) Laurance Co. Mo.

FATHER 13. NAME Late Yancey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurance Co. Mo.

MOTHER 15. MAIDEN NAME Mary Gums

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurance Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Jenn White
2nd Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 3-17-40

19. FUNERAL DIRECTOR (ADDRESS) Monroe Leiman
Miller Mo.

20. FILED 3-15-40 1940 Mrs. Anna Wilkerson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on March - 13 - 1940. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy
Right sided cerebral
hemorrhage.

Other contributory causes of importance: HTN

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

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) Charles H. McHaffie, M. D.
(Address) 421 Ash Grove, 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.

WHILE IN EARLY STAGES, WITH CHANGING CHARACTERISTICS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 6,

District File Number 2410-980

Date Filed APR 8 1940

STATEMENT BY LICENSED EMBALMER

I, G. R. Leiman, Licensed Embalmer No. 3297

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

..... L. E.

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

Signed G. R. Leiman
Licensed Embalmer No. 3297

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.)