FILED JUN 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

. No. 2
-11-10-39
5-17-39
1 X21492

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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19076

Registration District No. 603 Primary Registration District No. ~~603~~ 4357 Registrar's No.

1. PLACE OF DEATH:

(a) County: New Madrid

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid

(c) City or town: Morehouse
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

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

3. (a) PRINT FULL NAME: Zerald Yancy 521

3. (b) If veteran, name war:

3. (c) Social Security No. 490-18-9109

4. Sex: M

5. Color or race: W

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: 12 (Month) 5 (Day) 1919 (Year)

8. AGE: Years 20 Months 5 Days 13 If less than one day hr. min.

9. Birthplace: Canalou (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Mill-Lumber

11. Industry or business:

MOTHER FATHER

12. Name: Cirt Yancy

13. Birthplace: Metropolis (City, town, or county) Ill. (State or foreign country)

14. Maiden name: Neva Ford

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

16. (a) Informant: Cirt Yancy

(b) Address: Morehouse Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/20/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park-Sikeston Mo.

18. (a) Signature of funeral director: John Allenton

(b) Address: Sikeston Mo. 536

19. (a) June 8 1940 (Date received local registrar) (b) Mrs John Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1940 hour 12:00 minute p M.

21. I hereby certify that I attended the deceased from 5-18, 1940 to 5-18, 1940 that I last saw him alive on 5-18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Homicide by stabbing — Duration: 10 minutes

Due to: stabbing

Due to:

Other conditions (Include pregnancy within 3 months of death): 174 40

Major findings:
Of operations:

Of autopsy:

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): Homicide

(b) Date of occurrence:

(c) Where did injury occur? Morehouse (City or town) New Madrid (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work?

(e) Means of injury: Stabbing

23. Signature: Jm Jones M.D. (M. D. or other)

Address: Morehouse, Mo. Date signed: 5/23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 640-11
Date Filed 6/12/4

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

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Sikeston

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.