No. 2
-10-39
17-39
X21492

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

FILED JAN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43582

Registration District No. 713 Primary Registration District No. 5942 Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski Cullen Mo

(b) City or town Waynesville
(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 (Specify whether
In this community 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski

(c) City or town Waynesville
(If outside city or town limits write "RURAL")

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

0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gary DeWitt York

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 8 (Day) 1940 (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Waynesville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation 0

11. Industry or business 1

FATHER
12. Name Richard Albert York 0
13. Birthplace Lewis (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Frances Nadine York
15. Birthplace Amaret (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Richard Albert York
(b) Address Waynesville, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Nov. (Month) 11 (Day) 1940 (Year)
(c) Place: burial or cremation Gospel Ridge Cemetery

18. (a) Signature of funeral director Earl H. DeWitt
(b) Address 12th & Washington K.C. Mo

19. (a) Nov 11-1940 (Date received local registrar) (b) Ch. T. Albert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1940 hour 12 minute 40 a.M.

21. I hereby certify that I attended the deceased from Nov 8, 1940, to Nov. 10, 1940
that I last saw him alive on Nov. 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - Toxemia

Due to Intussusception of bowl.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

12212

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?
(Specify type of place)
6 41
While at work? (e) Means of injury 3

23. Signature R. O. DeWitt (M. D. or other) DO
Address Waynesville Mo. Date signed Nov 11, 1940

(Licensed Embalmer's Statement on Reverse Side)

John W Harlan

RECEIVED
District Health Officer No. 5
District File Number 1240/220
Date Filed _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.