

No. 2
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23159

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3413**

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
1900 Crescent Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion **64**

(c) City or town Harrison **3**
(If outside city or town limits, write "RURAL.") **11**

(d) Street No. 1900 Crescent Dr.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lewis Yorge

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1940 hour _____ minute 40 M. **1**

21. I hereby certify that I attended the deceased from 1930 _____, 19 _____, to Dec. 28 _____, 19 40

that I last saw him alive on Dec 21 _____, 19 40 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Feb. 18 1852
(Month) (Day) (Year)

Immediate cause of death Myocardial degeneration

Due to Senility

Due to _____

Other conditions 122
(Include pregnancy within 3 months of death)

8. AGE: Years' 88 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired **11**

11. Industry or business _____ **14**

12. Name John Yorge **6**

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

14. Maiden name _____

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

16. (a) Informant John B. King

(b) Address 1900 Crescent Harrison Mo

17. (a) Burial (b) Date thereof Dec. 29. 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cem.

18. (a) Signature of funeral director James O. Lawrence

(b) Address Harrison Mo

19. (a) Jan 1, 1941 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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?
Yes

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. C. Fisher (M. D. or other) Phys.
Address Harrison Mo Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

3
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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Michael J. Henney*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal Mo*

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, fact should be so stated above.