

**MAY 9 1941**

Registration District No. 120

Primary Registration District No. 3109

Registrar's No. 134

1. PLACE OF DEATH:  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 hr.  
 In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County New Madrid 72  
 (c) City or town Kewanee, Mo. Rural 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural 0  
 (If rural, give location)  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Drue York  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 486-14-3347

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 1  
 year 1941 hour 6 minute 05 P: M.  
 21. I hereby certify that I attended the deceased from 4-1-  
1941 to 4-1- 1941  
 that I last saw him alive on 4-1- 1941  
 and that death occurred on the date and hour stated above.

4. Sex Male 0  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Irene York  
 6. (c) Age of husband or wife if alive 39 years  
 7. Birth date of deceased August 14 1901  
 (Month) (Day) (Year)

Immediate cause of death Erysipelas of the face  
 Due to \_\_\_\_\_  
 Duration 1 week

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>7</u>	<u>17</u>	hr. min.

Due to meningeal inflammation from Erysipelas 3 days  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace New Madrid Co. Missouri 1  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
11

11. Industry or business \_\_\_\_\_  
 12. Name Woodson York  
 13. Birthplace New Madrid Co. Missouri 0  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Rhoda Morris  
 15. Birthplace New Madrid Co. Missouri 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Rhoda York  
 (b) Address Sikeston, Mo.

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? \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 3 1941  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Big Opening, Mo.

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

18. (a) Signature of funeral director [Signature]  
 (b) Address Sikeston, Mo.  
 19. (a) 4-2-41 (Date received local registrar) (b) [Signature] (Registrar's signature)

23. Signature [Signature] (M. D. or other) 1  
 Address Sikeston, Mo. Date signed 4-2-41

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

**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..... *Howard R. Haman*  
Licensed Embalmer No..... *4122*  
P. O. Address..... *Cape Girardeau*

**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.**