

5. No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

20812

1941 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

2342

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1808 Jefferson Street Apt. # 201  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 6 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1808 Jefferson Street Apt. #201  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. John Joseph York

3. (b) If veteran, name war No  
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Rosina M. York  
6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased May 25 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 0 25 hr. min.

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

10. Usual occupation Cafe Operator

11. Industry or business 1747 Jefferson Street

12. Name Frank York

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

14. Maiden name Catherine Unknown

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

16. (a) Informant Rosina M. York  
(b) Address 1808 Jefferson

17. (a) Removal (b) Date thereof June 21, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nebraska City, Nebr.

18. (a) Signature of funeral director D. H. Newcomer, Son  
(b) Address 1401 Brush Creek Blvd.

19. (a) 6/19/41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th  
year 1941 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 10  
1941 to June 19 1941  
that I last saw him alive on June 11 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of Pancreas (Cancer)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions General Carnationis  
(Include pregnancy within 3 months of death)  
of Liver Lung

Major findings: General Carnationis  
Of operations of Liver Pancreas

Of autopsy General Carnationis  
of Liver Pancreas

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?

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

23. Signature H. H. Davis (M. D. or other) 0  
Address 906 Grant Ave. Date signed 6-19-41

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

*York*

**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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *B C 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.**