

2. No. 2
4-13-40
5-17-39
PI X23139

State File No. _____

AUG 14 1941

Registration District No. 258

Primary Registration District No. 5361

Registrar's No. 6

32000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County: DeKalb
 (b) City or town: Rural Sherman Twp
 (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: 40 yrs 1
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 032
 (a) State: Mo (b) County: DeKalb 0
 (c) City or town: Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No: 7 1/2 mi North of Clarksdale
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ 0 years.

3. (a) PRINT FULL NAME: WILLIAM YANCY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 30
 year 1941 hour 33 minute P.M.

4. Sex: m 0
 5. Color or race: W 0
 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: Feb 17, 1862
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 8, 1941, to July 30, 1941; that I last saw Jim alive on July 18, 1941; and that death occurred on the date and hour stated above.
 Immediate cause of death: Chronic Myocarditis
 Duration _____

8. AGE: Years 79
 Months 5
 Days 13
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions: (Include pregnancy within 3 months of death) 47 1/2

10. Usual occupation: Farmer

Major findings: Of operations _____
 Of autopsy: No

11. Industry or business _____

MOTHER FATHER
 12. Name: Robert Yancy 9
 13. Birthplace: unknown (State or foreign country)
 14. Maiden name: Jane Kearse
 15. Birthplace: Easton Mo 0
 (City, town, or county) (State or foreign country)

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

16. (a) Informant: A. G. Jennings
 (b) Address: Butler 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 (b) Date thereof: Aug 1, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Union Chapel

23. Signature: E. M. Reynolds (M. D. or other) 0
 Address: Union Twp Mo Date signed: 1/31-41
 While at work (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director: Lucile M. Wilson
 (b) Address: King City, Mo.
 19. (a) July 31 - 1941 (b) Mrs. C. M. Davis
 (Date received local registrar) (Registrar's signature)

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..... *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address..... *King City, 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.