

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 9 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10109

State File No. \_\_\_\_\_

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1601 Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)  
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 006  
(c) City or town Lamar 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1601 S Grand  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME Evan Yancey

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Cordelia 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 2 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 4 17 hr. min.

9. Birthplace Cooper Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business None

MOTHER FATHER { 12. Name Joel Yancey  
13. Birthplace Howard Co Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosana Gyer  
15. Birthplace Cooper Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rozzell Harfis  
(b) Address Lamar Mo.

17. (a) Burial (b) Date thereof March 26, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) 3-19-42 (b) Martha Rivers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th  
year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3-18-42  
19\_\_\_\_ to 3-19 1942

that I last saw him alive on 9-19-42 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

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

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

Other conditions: 94a  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature Thos. F. Miller (M. D. or other) 0  
Address Lamar Mo. Date signed 3/19-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

06  
1  
1

RECEIVED

District Health Officer No. 6,

District File Number 442-426

Date Filed APR 7 1942

**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 John D. Batchelder  
Licensed Embalmer No. 4153  
P. O. Address Carthage 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, above space should be left blank.