

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7

Registration District No. 197

Primary Registration District No. 4530

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Schell City
(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 _____
In this community about 39 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Schell City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARY STARKEY YOKLEY
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 21
year 1942 hour 5 PM minute _____ M.
21. I hereby certify that I attended the deceased from April 20, 1942 to April 21, 1942; that I last saw her alive on April 21, 1942; and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife F. J. Yokley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Aug 17 1870
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris
Duration 1 month

8. AGE: Years 71 Months 8 Days 4
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Zanesville Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation house wife

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy no
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name William Porter Starkey
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Susan Webb King
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. D. Dwyer
(b) Address 270 McDonald, Springfield
17. (a) BURIAL (b) Date thereof 4-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Green Lawn Cemetery
18. (a) Signature of funeral director Lute Lewis & Son
(b) Address Schell City, Mo.
19. (a) 4-23-42 (b) Huby Thomas
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. W. Gray (M. D. or other) _____
Address Schell City Mo Date signed 4-24-42

MAY 15 1942

RECEIVED

District Health Officer No. 7,

District File Number 5-42-491

Date Filed 5-73-42

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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell 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.