

Registration District No. 791

Primary Registration District No. 1003

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17
9

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days in
the hosp. (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Mc Leansboro NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES A. YORK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mary A. York 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 17 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 20 hr. min.

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

10. Usual occupation Rail road Mail Clerk

11. Industry or business United States Government

12. Name Dan C. York

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

14. Maiden name Marisusanna Latham
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary A. York

(b) Address 5055 St. Louis Ave.

17. (a) Burial (b) Date thereof 8-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ods Fellows Cemetery

18. (a) Signature of funeral director Edwin Jones Undertaker

(b) Address Mc Leansboro, Illinois

19. (a) AUG 8 1942 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1942 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 15
1942 to Aug 7 1942
that I last saw him alive on Aug 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum
Duration _____

Due to Hb
Due to _____

Other conditions Intestinal tumor, glandic
(Include pregnancy within 3 months of death)

Major findings: Obstruction of Colon due to carcinoma
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 (C)
23. Signature Henry A. Dupert (M. D. or other)
Address 607 N Grand, B.P. Date signed 8-8-42

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..... *Albert Mayfield*
Licensed Embalmer No..... *3077*
P. O. Address.....

**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.