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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
OCT 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30409

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 693

1. PLACE OF DEATH  
 (a) County GREENE  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Burge Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 1 hr 15 min  
 (Specify whether  
 In this community 2 hrs.  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pulaski  
 (c) City or town Rural Waynesville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location) 1  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME helen hester York  
 (b) If veteran, name war NO  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 25  
 year 1942 hour 10 minute 25 P.M.

4. Sex male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (c) Age of husband or wife if alive Inf years  
 7. Birth date of deceased: July 12, 1942  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-25, 1942, to 9-25, 1942  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>2</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Acute intestinal intussusception  
 Duration 3 d

9. Birthplace Camden Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Infant

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 11 ga

11. Industry or business \_\_\_\_\_  
 12. Name Thomas Ray York  
 13. Birthplace Waynesville Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elinor Campbell  
 15. Birthplace Olton Illinois  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Elinor Campbell York  
 (b) Address Route #1, Waynesville, Mo.  
 17. (a) Removal (b) Date thereof 9, 28, 42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Waynesville, Mo  
 18. (a) Signature of funeral director Thomas R York  
 (b) Address Waynesville, Mo  
 19. (a) 9-28-42 (b) S. W. Handley  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
 \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Carla Busiel (M. D. or other) \_\_\_\_\_  
 Address 200 E. Pinesburg Date signed 9-30-42

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

9  
2  
6

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**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.....

Licensed Embalmer No.....

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.**

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