. S. No. 2
00M—2-43
ev 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28541

Registration District No. 756 | Primary Registration District No. 2001 | Registrar's No. 487

19
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 604 N. Moffett Ave; / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 58 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2 5

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 604 N. Moffett Ave; (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country No

3. (a) PRINT FULL NAME Horace L. York;

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma York

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. 13, 1865 (Month) (Day) (Year)

8. AGE: Years 78 | Months 7 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace Sacramento California; / (City, town, or county) (State or foreign country)

10. Usual occupation retired, Candy Mfger;

11. Industry or business

FATHER
12. Name Meredith York 9
13. Birthplace No record (City, town, or county) Lean (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace no record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma York

(b) Address 604 N. Moffett Ave, Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 8-30-43 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 27, day 1943 year ___ hour 3-00 P.M. minute ___ M.

21. I hereby certify that I attended the deceased from 12/3/42, 19__ to 8/29, 1943; that I last saw him alive on 8/27/43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 mo
Due to: Chr Hypertension	2 mo
Due to:	yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Joplin Mo 8/30/43 Date signed

1204

(Licensed Embalmer's Statement on Reverse Side)

43-8-758

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 Perry K. Hulett

Licensed Embalmer No. 959

P. O. Address Joplin 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.