

No. 2
9-4-41
5-17-46

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34613**

FILED OCT 19 1943

Registration District No. **103**

Primary Registration District No. **5417**

Registrar's No. **25**

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Rural Clay Sup.
(If outside city or town limits, write "RURAL" and name of township)
 (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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin **35**
 (c) City or town Jonesville rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Edward York
 (b) If veteran, name war _____
 (c) Social Security No. 497-18-1111

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 20
 year 1943 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 14
1942 to _____ 19____
 that I last saw him alive on Aug 18 1943
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 8 (Month) 10 (Day) 1908 (Year)

Immediate cause of death Pulmonary tuberculosis
 Duration 2 yrs

8. AGE: Years 35 Months 0 Days 10 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Robinson (City, town, or county) Ill (State or foreign country)
 10. Usual occupation Labor

MOTHER FATHER
 11. Industry or business _____
 12. Name William Allen York
 13. Birthplace Robinson (City, town, or county) Ill (State or foreign country)
 14. Maiden name Myrtle Hellman
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
13 fl

16. (a) Informant Myrtle York
 (b) Address Edwards MO
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 21 43 (Month) (Day) (Year)
 (c) Place: burial or cremation Liberty Cemetery
 18. (a) Signature of funeral director McDaniel Funeral Dir
 (b) Address Senath MO
 19. (a) 9-10-43 (Date received local registrar) (b) Linda Perkins (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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 _____
23. Signature Heath (M. D. or other) M 40
 Address Senath MO Date signed 8/20/43

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

RECEIVED

District Health Office No. 2,

District File Number 10-13-1260

Date Filed 10-11-43

MAX 11 19 1943

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.....

not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed W S M Danciel.....

Licensed Embalmer No. 2093.....

P. O. Address Smith, MD.....

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.