

STANDARD CERTIFICATE OF DEATH

State File No.

9125

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

208

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:
1044 South Weller Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis **56**
(c) City or town La Belle, **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____
(If rural, give location) **1**
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MRS. ELIZABETH YANCEY

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female

5. Color or

race White

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

6. (b) Name of husband or wife

W. H. Yancey

6. (c) Age of husband or wife if

alive Dec. years

7. Birth date of deceased

June

5,

1866

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

79

8

26

hr.

min.

9. Birthplace

Unknown

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Home

11. Industry or business

MOTHER FATHER

12. Name

Jessie Wilson

13. Birthplace

Unknown

Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Keiso

15. Birthplace

Unknown

Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Paul F. Cole

(b) Address

1044 South Weller Avenue, Springfield

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

3/2/1946

(Month) (Day) (Year)

(c) Place: burial or cremation

La Belle, Missouri

18. (a) Signature of funeral director

Alma Lohmeyer Funeral Home

(b) Address

Springfield, Missouri

19. (a)

3-4-46

(Date received local registrar)

(b)

Dr. W. H. Handley

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1,
year 1946 hour 9: minute 30 P. M.

21. I hereby certify that I attended the deceased from
March 1st, 1946, to March 1, 1946
that I last saw her alive on March 1st, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis - 1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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

23. Signature

Edward J. Brown (M. D. or other)

Address

Springfield, Mo Date signed 3-4-46

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

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.....

Lewis G. Scharpf

Licensed Embalmer No..... *3802*

P. O. Address..... *Springfield, 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.

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