

FILED MAR 4 1947

Registration District No. 290

Primary Registration District No. 4428

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Richland MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski  
(c) City or town Richland MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. Liberty St. Rural  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Jessie Monyoe York

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M  
7. Birth date of deceased Feb. 13. (Month) (Day) (Year)  
8. AGE: Years 79 Months Days If less than one day hr. min.

9. Birthplace Richland Kentucky (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business  
12. Name Andrew York  
13. Birthplace Tennessee (City, town, or county) (State or foreign country)  
14. Maiden name Nellie Evans  
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Chester Thomas  
(b) Address Richland MO  
17. (a) Burial (burial, cremation, or removal) (b) Date thereof 2-13-47 (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Lawn Cemetery

18. (a) Signature of funeral director R. S. Jeeper  
(b) Address Richland MO  
19. (a) 3/3/47 (Date received local registrar) (b) Louis B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from ... 19... to ... 19... that I last saw h... alive on ... and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Failure 2 hrs

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) Natural Cause  
(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 R. S. Jeeper (M.D. or other) Address Richland MO Date signed 3/3/47

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

MOTHER FATHER

**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.....

*R. B. Dupree*

Licensed Embalmer No.....

*3198*

P. O. Address.....

*Dickland*

**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.**