

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 hr (Specify whether  
In this community 50 yr years, months or days)

3. (a) PRINT FULL NAME

James E York  
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) ~~Single~~, married, married  
6. (b) Name of husband or wife Marie York 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased 9-8-78-1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 1 16 hr. min.

9. Birthplace MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Nathan York

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Dodson

15. Birthplace un known  
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbur T York

(b) Address Meriam Kuhn

17. (a) Rural (b) Date received 10-27-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Avenue

18. (a) Signature of funeral director W. J. Brown

(b) Address Rich MO

19. (a) 10-25-48 (b) R. R. Ramsey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dates  
(c) City or town Rich Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24  
year 1948 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from Oct 24, 1948 to Oct 25, 1948  
that I last saw him alive on Oct 24, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Myocardial Infarction

Major findings: Of operations

Of autopsy 92B

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)

23. Signature Dr. R. S. Hallingworth (a) Means of injury M.I.D.

Address Clinton Mo Date signed 10/25/48

Duration

4 years  
28 years  
PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 10-48-1264

Date Filed 11-2-48

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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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.