

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

National Office of Vital Statistics

FILED JAN 3 1949

Primary Registration District No. 5586

Registrar's No. 285

Registration District No. 137

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town rural - Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 4, Carthage, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 31 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA LOU YANCEY

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward M. Yancey 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased December 22 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 24 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Albert Hollers
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cowan
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant E. M. Yancey
(b) Address Route 4, Carthage, Mo.
17. (a) burial (b) Date there Dec 18, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 12-18-1948 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1948 hour 7:45 minute 0 M.

21. I hereby certify that I attended the deceased from
May 3, 1946 to Dec 16, 1948
that I last saw her alive on Dec 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Hemorrhage, Cerebral Duration 6 days
Due to Hypertension 5 yrs

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none of note
Of autopsy none

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 _____
Signature George H. Wood (M. D. or other) _____
Address Carthage, Mo. Date signed 12/17/48

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

MOTHER FATHER

49

49

1

1948

1948

PHYSICIAN

Underline the cause to which death should be charged statistically.

(M. D. or other)

Date signed

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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

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.