DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6607

MAR 14 1941

Registration District No. 1447

Primary Registration District No. 5910

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural Austin (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) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Rural Austin (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Thomas Monroe York, Sr.

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 Married

6. (b) Name of husband or wife Clara York

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Feb. (Month) 24, (Day) 1899 (Year)

8. AGE: Years 41 | Months 11 | Days 8 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Rural Mail Carrier

11. Industry or business

MOTHER FATHER

12. Name Thomas M. York, Sr.

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

14. Maiden name Florence Amy York

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

16. (a) Informant Jerry York

(b) Address Archie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Atkinson Bros.

(b) Address Archie, Mo.

19. (a) 2-6-41 (Date received local registrar) (b) Mrs Dora Adair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1941 hour 10 PM minute 40 P.M.

21. I hereby certify that I attended the deceased from 1939 ✓, 19__, to Feb 2 1941; that I last saw him alive on Feb 2 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of breast and lungs	2 yrs
Due to ✓	
Due to ✓	
Other conditions (include pregnancy within 3 months of death) ✓	

Major findings: Of operations Cancer

Of autopsy ✓

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? No ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature B. B. Tout (M. D. or other) D

Address Archie Mo Date signed 7/16/41

(Licensed Embalmer's Statement on Reverse Side)

52

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 Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6607
Do not use this space.

1. PLACE OF DEATH
(a) County Cass. Registration District No. 147
(b) Township Austin Primary Registration District No. 5310 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Monroe York
(a) Residence, No. [ ] St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	11	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1941

22. I HEREBY CERTIFY, That I attended deceased from 19.., to 19..
I last saw h.. alive on 19.. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast and Lungs	
Started in the Breast often removed & Breast went to lungs	
Other contributory causes of importance:	
50	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) B. B. Trout, M. D.
(Address) Archie Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.