

AUG 14 1941

Registration District No. 258

Primary Registration District No. 5361

Registrar's No. 6

3200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
 (a) County DeKalb
 (b) City or town Rural Sherman Twp
 (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)
 In this community 40 yrs years, months or days

3. (a) PRINT FULL NAME WILLIAM YANCY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 17, 1862
 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Robert Yancy
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Marie Kearse
 15. Birthplace Easton Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant A. B. Jennings
 (b) Address Butler Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Lucile M. Wilson
 (b) Address King City, Mo.

19. (a) July 31 - 1941 (Date received local registrar) (b) Mrs. C. M. Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 032
 (a) State Mo (b) County DeKalb
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 1/2 mi North of Clarksdale
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 8, 1941, to July 30, 1941; that I last saw him alive on July 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 47

Major findings: Of operations _____

Of autopsy NO

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) (c) Means of injury _____

23. Signature E. M. Reynolds (M. D. or other) 0
 Address Union Twp Mo Date signed 7/31-41

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.....

Lucile M. Wilson

Licensed Embalmer No.

2830

P. O. Address.....

King City, M

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.