

JAN 25 1938

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

44387  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Francois 2 Registration District No. 33  
 (b) Township Randolph Primary Registration District No. 6024B  
 (c) City Frank Clay 1 (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 ADAM MILLARD YANCHECK  
 (a) Residence, No. FRANKCLAY St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITES 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 4 min.

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) FRANKCLAY (STATE OR COUNTRY) Mo

FATHER 13. NAME ANTHONY YANCHECK

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME NINA RANDOLPH

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo

17. INFORMANT HATTIE RANDOLPH (ADDRESS) FRANKCLAY MO

18. BURIAL, CREMATION, OR REMOVAL PLACE FRANKCLAY DATE Dec 19 38

19. FUNERAL DIRECTOR J.S. Boyer & Son (ADDRESS) LEADWOOD MO

20. FILED Jan 10 1939 W.E. Aubuchon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938 to Dec 19 1938  
 I last saw him alive on Dec 19 1938 Death is said to have occurred on the date stated above, at 10:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

prematurity  
6 1/2 Months  
 Other contributory causes of importance: 159'  
 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 John W. Hunt M. D.  
 (Signed) Leadwood Mo  
 701 (Address) Leadwood Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**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.)**