

REC'D MAR 13 1939

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

6587

Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 316  
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 182  
 (c) City SPRINGFIELD (d) Street No. St. Johns Hosp. 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 Margaret E. Yancey

(a) Residence, No. Cabool, Mo. St.  Cabool, Mo.  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 27 4 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Jewel County 1  
 (STATE OR COUNTRY) Kansas

13. NAME J.G. Jacobs 1  
 14. BIRTHPLACE (CITY OR TOWN) Jewel County  
 (STATE OR COUNTRY) Kansas 1

15. MAIDEN NAME Armis VanOrnerm  
 16. BIRTHPLACE (CITY OR TOWN) Jewel County  
 (STATE OR COUNTRY) Kansas

17. INFORMANT L.D. Yancey  
 (ADDRESS) Cabool, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mankato, Kan. DATE March 1, 1939

19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer  
 (ADDRESS) Springfield, Mo.

20. FILED Mar 1, 1939 Chas A George 596 (Address) 800 2nd ave S.E.  
 Local Registrar Springfield

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1939, to Feb 28, 1939

I last saw him alive on Feb 28, 1939. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

9 days ago

Other contributory causes of importance:

NoneName of operation None Date of —What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

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) Joseph L. Johnston, M. D.(Address) 800 2nd ave S.E.Springfield39  
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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

*Walter E. Hamill*

Licensed Embalmer No.

*3808*

P. O. Address

*Springfield, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**