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.

REC'D MAY 18 1939

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

15663
Do not use this space.

1. PLACE OF DEATH

(a) County Newton — Registration District No. 1046

(b) Township Shoal Creek — Primary Registration District No. 5810 — Registered No.

(c) City Joplin — (d) Street No. R. 2 — 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 Betty Lou York

(a) Residence, No. 1029 Budlong St., Carthage 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 23, 1937

7. AGE: YEARS 1 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... 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) (STATE OR COUNTRY): Carthage Missouri

FATHER
13. NAME: Joseph C. York
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sarcoxie Missouri

MOTHER
15. MAIDEN NAME: Mildred Cale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carthage Missouri

17. INFORMANT (ADDRESS): Mrs. York 1029 Budlong St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Park Cemetery DATE 4-16-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ulmer Funeral Home Carthage, Mo.

20. FILED 4-17, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1939 to 4-14, 1939
I last saw her alive on 4-14, 1939. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

Acute paranchymatous nephritis. (Post influenzal?)

Date of onset

Other contributory causes of importance:

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) [signature], M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-5-39-1127
Date Filed MAY 15 1939

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 Ed [illegible]

Licensed Embalmer No. 2222

P. O. Address Carthage

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

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