

JAN 12 1940

Registration District No. **50**Primary Registration District No. **3004**Registrar's No. **75**

1. PLACE OF DEATH:

(a) County **BATES**
 (b) City or town **BUTLER MO**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Butler Memorial Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 minutes**
 (Specify whether
 In this community **For Life**
 years, months or days)

3. (a) PRINT
FULL NAME**IVAN Estel YORK**3. (b) If veteran,
name war**X**3. (c) Social Security
No.**K**

4. Sex

MALE5. Color or
race**White**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**2****1923**

(Month)

(Day)

(Year)

8. AGE:

Years

Mths

Days

If less than one day

16**10****24**

hr.

min.

9. Birthplace

BATES Co -

(City, town, or county)

(State or foreign country)

10. Usual occupation

SCHOOL

11. Industry or business

STUDENT -

12. Name

ARTHUR MONROE YORK.

13. Birthplace

BATES County MO.

(City, town, or county)

(State or foreign country)

14. Maiden name

IDA MAE ZELER

15. Birthplace

SINCLAIR Co. MO.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Irvin York -

(b) Address

Butler Mo -17. (a) ~~Burial~~ **Funeral home**(b) Date thereof **Dec 28 1939**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

BETHEL CEMETARY

18. (a) Signature of funeral director

BARTHS -

(b) Address

BUTLER MO - 5319. (a) **Nov 28 1939** (b) **Mina P. Culver**

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BATES**
 (c) City or town **Butler, MISSOURI -**
 (If outside city or town limits, write "RURAL")
RURAL
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26**
 year **1939** hour _____ minute **10 AM.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **GunsHOT wound** Duration
(410 Gauge) of Abdomen
accidentally
 Due to **discharged while**
hunting at home.

Other conditions
 (Include pregnancy within 3 months of death)

167

Major findings:
 Of operations

Of autopsy

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide~~, or homicide (specify) **Accident**
 (b) Date of occurrence **Dec 26 1939**
 (c) Where did injury occur **Butler BATES MO**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home on the FARM
 While at work? **hunting** (Specify type of place) (e) Means of injury **GunsHOT**

23. Signature **Richard Hill** (M. D. occupation)
 Address **Rich Hill Mo** Date signed **12/26/39**

RECEIVED
District Health Officer No. 7,
District File Number 1-40-157
Date Filed 1-12-40

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 John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butter 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.