

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17560

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2087

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2421 Flora
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 1 month and 26 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 2421 Flora
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1940 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from May 6, 1940 to May 17, 1940
that I last saw her alive on May 17, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Asphyxiation

Due to Strangulation of Foreign body in throat
Due to _____
Other conditions 1940
(Include pregnancy within 3 months of death)

Physician _____
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____
23. Signature Eugene P. Chittum M. D. or other) _____
Address 2280 E. 18th St Date signed 5-18-40

3. (a) PRINT FULL NAME Elaine Marie Yancey 520

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col. 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. March 21 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 26
hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant 0

11. Industry or business _____

12. Name Elison Yancey

13. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Speights

15. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Yancey

(b) Address 2421 Flora

17. (a) burial (b) Date thereof 5/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Hathorn

(b) Address 1729 Lydia

19. (a) May 20, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

Isaac Jerome Menlove

Licensed Embalmer No.

3994

P. O. Address

1120 E. 23rd St

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.