

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Phelps
 (b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rolla Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME William Darrell York

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 29, 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 10 20 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Charley York
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susie Roderick
 15. Birthplace Phelps County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charley York
 (b) Address Tribune, Mo.

17. (a) Burial (b) Date thereof 8/21/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Creek Mission
 18. (a) Signature of funeral director Fred H. Gilbert
 (b) Address Dixon, Mo.

19. (a) Aug 21, 1940 (b) Geo. F. Ayers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
 (c) City or town Tribune
(If outside city or town limits, write "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 Aug day 19
 year 1940 hour 7:10 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 15, 1940, to Aug 19, 1940, that I last saw him alive on Aug 19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Colera Infantum Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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? _____

610 While at work _____
(Specify type of place) (e) Means of injury

23. Signature Geo. F. Ayers
 Address _____ Date signed 8-22-40

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.

RECEIVED

District Health Officer No. 5,

District File Number 1040987

Date Filed _____

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.....

Aug 19 - 40....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred H. Gilles

Licensed Embalmer No. 2341

P. O. Address Aix on 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.