

S. No. 2  
1-4-13-40  
v. 5-17-39  
X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13509**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1490**

48  
3  
8

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

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:  
**522 South Jackson, Indep. Ave. Baptist Church**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **--**  
(Specify whether)

In this community. **17 Years**  
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 limits, write "RURAL")

(d) Street No. **327 Spruce Avenue**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. **--** years.

3. (a) PRINT FULL NAME **MR. Charles Collier YANCEY**

3. (b) If veteran, name war. **No**

3. (c) Social Security No. **None**

4. Sex. **Male**

5. Color or race. **White**

6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife. **Mrs. Mary Yancey**

6. (c) Age of husband or wife if alive. **61** years

7. Birth date of deceased. **March 21 1861**  
(Month) (Day) (Year)

8. AGE: Years **79-80** Months **0** Days **23** If less than one day hr. min.

9. Birthplace. **Bibb County Alabama**  
(City, town, or county) (State or foreign country)

10. Usual occupation. **Railroad Man**

11. Industry or business. **Retired**

12. Name. **James Thomas Yancey**

13. Birthplace. **Oxford North Carolina**  
(City, town, or county) (State or foreign country)

14. Maiden name. **Caroline Parker**

15. Birthplace. **Brent Alabama**  
(City, town, or county) (State or foreign country)

16. (a) Informant. **J. J. Gentry**

(b) Address. **327 Spruce Ave**

17. (a) **Removal** (b) Date thereof. **Apr. 15, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **1444 Carthage, Missouri**

18. (a) Signature of funeral director. **D. H. Newcomer**

(b) Address. **1401 Brush Creek Blvd.**

19. (a) **Apr 14 1941** (b) **M. M. Crown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13** th  
year **1941** hour **10** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **Apr 13 1941** to **Apr 13 1941**  
that **he** was **alive** and **his** death occurred on the date and hour stated above.

Immediate cause of death. **Acute pulmonary edema**  
**Acute & chronic coronary occlusion**  
**Chronic myocardial infarction.**

Other conditions. **9400**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. **9440**

Of autopsy. **9440**

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) (a) Means of injury. **3**

23. Signature. **M. M. Crown** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *A. C. 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, fact should be so stated above.**