

FILED DEC 5 1941

State File No. \_\_\_\_\_

Registration District No. 669

Primary Registration District No. 3032

Registrar's No. 342

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
803 W. Broadway 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 55 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 803 W. Broadway 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 41 hour 12 30 minute AM  
21. I hereby certify that I attended the deceased from Feb 25  
1939 to Nov 21 1941;  
that I last saw him alive on Nov 21 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of urinary bladder Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 52 lb PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature M. P. Shy (M. D. or other) \_\_\_\_\_  
Address Sedalia Mo Date signed 11-28-41

3. (a) PRINT FULL NAME EDWIN FORREST YANCEY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. D 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Bessie Yancey 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov. 3 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Lydia Homan

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

16. (a) Informant Mrs. E. F. Yancey

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 11/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia

19. (a) 11/29/41 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

1022

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

MOTHER FATHER

FEB 4 1942

RECEIVED  
District Health Officer No. 8,

District File Number.....

Date Filed 12-4-41

NOV 15 1941

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..... Robert H. Reed

Licensed Embalmer No..... 3745

P. O. Address..... Sedalia 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.