

JAN 7 1942

Registration District No. **165**

Primary Registration District No. **5238**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community X

3. (a) PRINT FULL NAME Clara Elizabeth York

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

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

6. (b) Name of husband or wife Clarence York 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 3 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 5 1 X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business X

MOTHER FATHER { 12. Name D. Morrison
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Clara Ellen Six
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence York
(b) Address Sumner, Mo.

17. (a) Burial (b) Date thereof 12-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director H. C. Lawstee
(b) Address Stockton, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural-Jefferson
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 41 hour minute M.

21. I hereby certify that I attended the deceased from 11-17 1941 to 12-3- 1941.
that I last saw her alive on 12-3- 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure 14 da.
Due to Pulmonary T.B. yro.

Due to 0

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 ft

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 Alvin B. Richter (M.D. or other)
Address Stockton, Mo. Date signed 2.8.41

JAN 3 1942

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41562

Registrar's No. 41

Registration District No. 165

Primary Registration District No. 5238

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

Clara E. York

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

Female

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

July 3, 1923
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

45

5

14

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

Dec. 31-41
(Date received local registrar)

(b)

Mrs. Myrtle Bright
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH

Month _____ Day _____

year 1941

hour _____

minute _____

M.

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

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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) _____
(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

(M. D. or other)

Address

Date signed

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

SUPPLEMENTARY

11/10/1962

S-41562