S. No. 2
1—1-4-41
r. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10068

Primary Registration District No. 3002

Registrar's No. 44

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 819 E. Breckenridge st. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Audrain
(c) City or town: Mexico (If outside city or town limits, write "RURAL")
(d) Street No.: 819 E. Breckenridge (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

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3. (a) PRINT FULL NAME: Jane Yancey
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female 3
5. Color or race: N
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Not Known (Month) (Day) (Year)

8. AGE: Years: age not known about 90 yrs. | Months | Days | If less than one day: hr. min.

9. Birthplace: Little Island (City, town, or county) MO. (State or foreign country)
10. Usual occupation: none
11. Industry or business: None
FATHER
12. Name: Wilson Yancey
13. Birthplace: Richmond (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name: Matilda Last Not Known
15. Birthplace: Not Known (City, town, or county) Virginia (State or foreign country)
16. (a) Informant: Mrs Wayne Rose
(b) Address: E. Breckenridge st.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 22 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mexico, Mo. Amwood Cemetery
18. (a) Signature of funeral director: Jackson-Parker F. Home
(b) Address: 409 So. Walnut st.
19. (a) 3-20-1942 (Date received local registrar) (b) Margaret N Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-19 day 19 year 1942 hour 3 minute 45 M.
21. I hereby certify that I attended the deceased from 2-25 1942 to 2-19 1942 that I last saw him alive on 3-19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
chronic nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131 b	

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: H. J. Eaton (M. D.)
Address: Mexico Mo Date signed 3-20-42

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-16-857
Date Filed APR 16 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 Steven P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.