

Registration District No. _____

Primary Registration District No. 2001

1. PLACE OF DEATH: Greene
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours
(Specify whether
In this community 45 Years
years, months or days)

3. (a) PRINT FULL NAME John Jesse Yancey
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Allene Yancey 6. (c) Age of husband or wife if alive Spec years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: About 57
Years Months Days If less than one day
hr. min.

9. Birthplace Lawrence County 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paper Hanger

11. Industry or business _____

MOTHER FATHER
12. Name Layton Yancey
13. Birthplace Unknown 0 Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gum
15. Birthplace Unknown 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Yancey
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lehmeier
(b) Address Springfield, Mo.

19. (a) 4-28-42 (b) R. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 547 W. Pine 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 3 minute 45 a. M.

21. I hereby certify that I attended the deceased from Apr 26 1942 to Apr 26 1942
that I last saw her alive on Apr 26
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wounds of chest
Duration 4/26/42

Due to Internal Hemorrhage

Due to _____

Other conditions 16 dc
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Gunshot wound of left chest with hemorrhage into pleura
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) Homicide

(b) Date of occurrence Apr 26 1942

(c) Where did injury occur? Springfield Greene Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? No (e) Means of injury Gunshot wound

23. Signature Robert J. Lynn (M. D. or other)
Address Springfield Date signed 4/28/42

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

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 L. Paulin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Md

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.