

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED JUN 29 1942

Registration District No. 401

Primary Registration District No. 4236

Registrar's No. 12

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Lone Jack, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Lone Jack, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Minnie Yankee

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 15  
 year 1942 hour 5 minute 25 P.M.

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

21. I hereby certify that I attended the deceased from July, 1937, to June 15, 1942  
 that I last saw her alive on June 10, 1942  
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ben Yankee 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased April 10 1867  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 75 Months 2 Days 5  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions 13 ft  
(Include pregnancy within 3 months of death)

9. Birthplace Lone Jack MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER {  
 12. Name Nicklaus Trundle  
 13. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah McClintock  
 15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Mrs Maggie Lee

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? \_\_\_\_\_

(b) Address Lone Jack, Mo.

17. (a) Burial (b) Date thereof 6/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Jack, Mo.

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director A.W. Brownfield

23. Signature H.V. Murray, M.D. (M. D. or other)  
Address Pleasant Hill, Mo. Date signed 6/17/42

(b) Address Pleasant Hill, Mo.

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

4800

**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.....

**By Me June 15 1942**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Geo Brownfield*

.....  
Licensed Embalmer No.....

**3785**

P. O. Address.....

**Pleasant Hill 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.**