No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24599

State File No. .....

Registration District No. 41 Primary Registration District No. 2002 Registrar's No. 278

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin, Mo 25
(If outside city or town limits, write "RURAL")

(d) Street No. 821 Connor Ave
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Samuel Meredith York

3. (b) If veteran, name war —

3. (c) Social Security No. 492-16-2248

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 29 (Day) 1871 (Year)

8. AGE: Years 71 Months — Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Ritchey (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business McNeal Machinery Co.

MOTHER FATHER

12. Name Branch York

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

14. Maiden name — Meador

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

16. (a) Informant Mrs W.E. Woodruff

(b) Address Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem. Park Cem.

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Mo

19. (a) 7-6-42 (Date received local registrar) (b) Alfred Shedkotter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1942 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 7-5, 1942 to 7-4, 1942 that I last saw him alive on 7-4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Myocarditis and Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) Chronic cystitis

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

23. Signature (M. D. or other)

Address Date signed 7/6-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-7-622

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24599

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 278

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 yrs.
years, months or days)

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 .....

3. (a) PRINT FULL NAME Samuel Meredith York

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 29 (Day) 18 (Year)

8. AGE: Years 71 | Months — | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 4
year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19 ..... to ..... 19 ..... ;
that I last saw h ..... alive on ..... 19 ..... ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocarditis and nephrositis chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131 b	PHYSICIAN
Of autopsy	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 .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY