

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 12

Registration District No. 498 Primary Registration District No. 5688

1. PLACE OF DEATH:
(a) County LINN
(b) City or town Bucklin (Rural)
(c) Name of hospital or institution 3 In Bucklin Coal Mine
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 6 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Linn
(c) City or town Bucklin (Rural)
(d) Street No. RR # 2
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME DENEY NELSON YORK
3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-10-5858

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lydia York 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Jan 28, 1899

8. AGE: Years 43 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Bucklin Mo

10. Usual occupation mining

11. Industry or business Coal Mining
12. Name Joseph York
13. Birthplace England
14. Maiden name Agnes Malley
15. Birthplace Sligo, Mo.

16. (a) Informant Lydia York
(b) Address Bucklin, Mo.

17. (a) Burial (b) Date thereof _____

18. (a) Signature of funeral director Arson Funeral Service
(b) Address Bucklin Mo.

19. (a) 11-25-1942 (b) W W

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 20 year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____
Called as Coroner
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
Natural Cause
Probably Heart Trouble

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____
(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 Dale Bunch Coroner
Address Marion Mo. (M. D. or other) _____
Date signed 11/21/42

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

58
0
0

58
0
0

C

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37488
Registrar's No. 12

Registration District No. 184

Primary Registration District No. 5688

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Bucklin
(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

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 Dwight H. York

3. (b) If veteran, name war _____ (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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 28
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days _____ (if less than one day) min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 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 Chronic Myocarditis ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

Duration _____
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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ (c) Means of injury _____

23. Signature Dale Bunch _____ (Date received local registrar) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

The first part of the document discusses the general principles of the system, including the importance of maintaining accurate records and the role of the various departments involved. It emphasizes the need for a clear and concise reporting structure to ensure that all information is properly documented and accessible to the relevant authorities.

The second part of the document provides a detailed overview of the current status of the system, including a list of the various components and their respective functions. It also includes a summary of the key findings from the recent audit, highlighting the areas where improvements are needed and the steps that are being taken to address these issues.

The third part of the document contains a series of recommendations and suggestions for the future, based on the findings of the audit and the current state of the system. These recommendations are designed to help the organization to improve its efficiency, reduce the risk of errors, and ensure that all information is properly recorded and maintained.

The fourth part of the document is a conclusion, which summarizes the main points of the report and provides a final statement on the overall state of the system. It also includes a list of the key findings and the recommendations that have been made, and a statement on the steps that are being taken to address these issues.

The fifth part of the document is an appendix, which contains a list of the various documents and records that are referenced in the report. This includes a list of the various forms and reports that are used in the system, as well as a list of the various departments and individuals who are involved in the process.

The sixth part of the document is a list of the various abbreviations and acronyms that are used in the report. This is provided to help the reader to understand the meaning of the various terms and to ensure that the report is easy to read and understand.

The seventh part of the document is a list of the various references that are cited in the report. This includes a list of the various books, articles, and other sources that have been consulted in the course of the audit, and a list of the various organizations and individuals who have provided assistance and support.

The eighth part of the document is a list of the various acknowledgments that are made in the report. This includes a list of the various individuals and organizations that have provided assistance and support in the course of the audit, and a list of the various individuals who have provided feedback and comments on the report.

The ninth part of the document is a list of the various contact details that are provided in the report. This includes a list of the various telephone numbers, fax numbers, and email addresses that are used to contact the various departments and individuals involved in the process.

The tenth part of the document is a list of the various other information that is provided in the report. This includes a list of the various dates, times, and other details that are relevant to the audit, and a list of the various other information that is provided to help the reader to understand the context of the report.