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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty (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 (Specify whether
In this community 55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24 2
(c) City or town Liberty 1 (If outside city or town limits, write "RURAL")
(d) Street No. 421 Lightburn St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME Charles Edwin Yancey
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Roy Bell Yancey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 16 (Day) 1868 (Year)

8. AGE: Years 74 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Roanoake (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Livestock Farming
11. Industry or business
FATHER
12. Name Steven B. Yancey
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)
MOTHER
14. Maiden name Logan Viley
15. Birthplace Roanoake (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant W. B. Yancey
(b) Address Liberty Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Memorial Liberty Mo
18. (a) Signature of funeral director [signature]
(b) Address 119 E Franklin St Liberty
19. (a) March 30-1943 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 year 1943 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from Aug 1940 to Mar 27 1943 that I last saw him alive on March 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration 9 mo
Due to Hypertension — Indef.
Due to
Other conditions (Include pregnancy within 3 months of death) 83d
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 [signature] (M.D. ~~or other~~)
Address Liberty, Mo Date signed 3/30/43

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-6-43

JUN 1 1943

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 D J Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty 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.