

No. 2  
4-13-40  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14369

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

X23159  
FILED  
APR 28 1943  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 276

1. PLACE OF DEATH:

(a) County. Greene  
(b) City or town. Springfield, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
221 East Scott.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 25 yrs  
(Specify whether years, months or days)  
In this community. 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town. Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 East Scott.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME. Mary Jane Yelvington.

3. (b) If veteran, None (c) Social Security name war. None No. None

4. Sex. Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased. June 10 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 9 27 hr. min.

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

10. Usual occupation None

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

12. Name Rubber Haymes.

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

14. Maiden name Unknown

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

16. (a) Informant Rubber Yelvington  
(b) Address 2406 East High St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Timber Ridge

18. (a) Signature of funeral director Fred C. Fincke  
(b) Address Springfield, Mo.

19. (a) 4-8-43 (Date received local registrar) (b) W. H. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7  
year 1943 hour 10 minute A. M.  
21. I hereby certify that I attended the deceased from 2-2-43  
to 4-7-43, 1943  
that I last saw her alive on 3-5-43, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Food deficiency  
senile dementia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 16 20

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? \_\_\_\_\_ (City or town) (County) (State)  
(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 C. E. Feller (M. D. or other)  
Address Springfield Mo Date signed 4/24/43

Duration 90 day  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

984

W

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.....

Frederic Thieme

Licensed Embalmer No. 2899

P.O. Address Springfield, 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.