

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32329

State File No. _____

FILED OCT 8 1943 260
Registration District No. _____

Primary Registration District No. 4427

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(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 _____ (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Richard Marlin York.

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Aug 4 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Earnest E. York.
18. Birthplace Edward Co Kansas.
(City, town, or county) (State or foreign country)
14. Maiden name Lula M. Ricker
15. Birthplace Pulaski Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John B. York.
(b) Address Waynesville, Mo

17. (a) _____ (b) Date thereof 9-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waynesville Mo.

18. (a) Signature of funeral director John B. York
(b) Address Waynesville Mo

19. (a) 9-9-1943 (b) Thomas Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
(c) City or town Waynesville
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1943 hour 6 minute 30 PM.

21. I hereby certify that I attended the deceased from 8-4
1943 to 9-8, 1943
that I last saw him alive on 9-8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to Malnutrition

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? _____

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

23. Signature R O Dewitt (M. D. or other) DO
Address Waynesville Mo Date signed 9-9-43

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.