

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34777

FILED OCT 25 1943 128

Primary Registration District No. 2000

Registrar's No. 835

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

1. PLACE OF DEATH: GREENE
(a) County: GREENE
(b) City or town: Springfield, Mo.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None
In this community: Life time
years, months or days (Specify whether)

3. (a) PRINT FULL NAME: Francis Marion York
3. (b) If veteran, name war: Unk.
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unk.
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: April 22 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	78	5	17	hr. min.

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

10. Usual occupation: Retired Farmer

11. Industry or business:

MOTHER FATHER
12. Name: Unknown,
13. Birthplace: Bloodland, Mo. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unk. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Robert L. McGregor

(b) Address: 1909 N. Pickwick, City.

17. (a) Burial (b) Date thereof: 10/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Flea Hollow (Cem)

18. (a) Signature of funeral director: Dunn Funeral Home

(b) Address: Springfield, Mo.

19. (a) 10-10-43 (b) Dr W E Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield, Mo. 2
(If outside city or town limits, write "RURAL") 6
(d) Street No.: 1909 N. Pickwick
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 9
year: 1943 hour: 1 minute: 50 A. M.

21. I hereby certify that I attended the deceased from 9/10/43
19 to 10/7/43 19
that I last saw him alive on 10/7/43 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic mellitus
Duration: 1 yr.

Due to: 6/1
Due to:

Other conditions: - Rayson of R foot
(Include pregnancy within 3 months of death)
- Stry Severity

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?

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

23. Signature: C E Felley (M. D. or D. O.)

Address: Springfield, Mo. Date signed: 10/9/43

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 *Clarence W. M^o Baker*.....

Licensed Embalmer No. *2891*.....

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, fact should be so stated above.

Y