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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6659

State File No.

FILED FEB 24 1944

Registration District No. 1

Primary Registration District No. 1000

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 507 Filmore St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community abt 60 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan 11

(c) City or town St Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No. 507 Filmore (If rural, give location) 7

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM - S - YORK

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race N

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Lula

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 19 (Day) 1877 (Year)

8. AGE: Years 66 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation Ref Emp C.B.&Q. R.R.

11. Industry or business

FATHER
12. Name Jock York
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Beevers
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant ~~Lula York~~ Lulu York

(b) Address St Joseph Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 1-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Memo Park Cem

18. (a) Signature of funeral director Stanley Funeral Home

(b) Address St Joseph Missouri

19. (a) 1-29-44 (Date received local registrar) (b) Rose Hizoz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th year 1944 hour 11 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased from on Jan 27 1944 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to General Arterio Sclerosis	2 yrs
Due to J 3a	

Other conditions Man died suddenly in his home without (Include pregnancy within 3 months of death)

Major findings: Of operations previous serious illness or disability

Of autopsy No: Man had suffered a stroke two years ago

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 3

23. Signature H F Mundy (M. D. or other) Coroner

Address 404 So 3d St St Joseph Mo Date signed 1/27/44

1233

(Licensed Embalmer's Statement on Reverse Side)

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. 2435

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.