

FILED JUL 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25495

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

Registration District No. 290

Primary Registration District No. 5383

Registrar's No. (22) 68

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Fort Leonard Wood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Regional Station Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hrs, 11 min  
In this community 24 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Bertha M. York

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. unknown

4. Sex Female  
5. Color or race white

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

6. (b) Name of husband or wife  
W. Ray

6. (c) Age of husband or wife if  
alive 40 years

7. Birth date of deceased February  
(Month)

20 (Day) 1920 (Year)

8. AGE: Years 24 Months 4 Days 6

If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bloodland  
(City, town, or county)

Missouri  
(State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business none

12. Name Jake Amrine

13. Birthplace Washington  
(City, town, or county)

Washington  
(State or foreign country)

14. Maiden name Ainese Weldon

15. Birthplace Kansas  
(City, town, or county)

Kansas  
(State or foreign country)

16. (a) Informant W. Ray York

(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 6/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gospel Ridge Cem.

18. (a) Signature of funeral director J. H. Hoops, Sec'y

(b) Address Crocker, Mo.

19. (a) JUN 27 44 (b) ROBERT A. MURRAY, Jr., Col. M.C.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Waynesville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1944 hour 8 minute 31 P. M.

21. I hereby certify that I attended the deceased from 5:20 P.M.  
26 June 1944 to 26 June 1944;  
that I last saw her alive on 26 June 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Duration  
3 hrs

Due to Burns, 2nd degree entire body

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

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) accident

(b) Date of occurrence 26 June 1944

(c) Where did injury occur? Waynesville Pulaski Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury kerosene

23. Signature C. T. Angellone Jr. (M. D. or other)

Address Fort Leonard Wood Date signed 6/27/44

7-17-1944 Charnock (Underline cause of death on Reverse Side)

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

SEP 13 1944

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

*Paul B. Hooper*

Licensed Embalmer No. *3261*

P. O. Address

*Waynesville, 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.