

No. 2
M-2-43
5-17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2309

State File No. _____

FILED FEB 9 1945

Registration District No. _____

Primary Registration District No. ~~3025~~ 4218

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
901 S. Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 901 S. Windsor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joel Yancey

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased May 20, 1851
(Month) (Day) (Year)

8. AGE: Years 93 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Barren County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Rt. Farmer

11. Industry or business Farming

MOTHER FATHER {
12. Name Joel Yancey
13. Birthplace Washington, D.C.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Crenshaw
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Grace Yancey
(b) Address Windsor, Mo.

17. (a) burial (b) Date thereof 12-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) January 15, 1945 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1944 hour 4 minute 0 a. M.

21. I hereby certify that I attended the deceased from Dec 7, 1944 to Dec 8, 1944
that I last saw him alive on Dec 8, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart disease Duration 9 yrs.
Due to Rheumatism 6 yrs.

Due to _____
Other conditions (include pregnancy within 3 months of death) g. b. c.

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 J. A. Blackmore (M. D. or other) MD.
Address Windsor, Mo. Date signed 12-8-44

1069

(Licensed Embalmer's Statement on Reverse Side)

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

220

1-4-5-72
2-8-45

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 Edell Huxton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.