

FILED FEB 13 1945

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McCune-B rooks Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Sarcoxie 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. No street numbers  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME CORA YORK

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed  
6. (b) Name of husband or wife Oschar Fred York 6. (c) Age of husband or wife if alive 11 years 1872  
7. Birth date of deceased June 11, 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 20 If less than one day hr. min.

9. Birthplace CARROLLTON, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER, FATHER { 12. Name John Brummett 13. Birthplace X 0 Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Marinda Christman  
15. Birthplace X 0 Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joe York  
(b) Address 317 Kansas Ave., Carthage, Mo

17. (a) Burial (b) Date thereof 1-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo

19. (a) Jan. 3 '45 (b) Elizabeth Corplin  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1, year 1945 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 29, 1944 to Jan 1, 1945; that I last saw her alive on Jan 1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma Duration 1 wk

Due to 93%

Due to Chronic Hypertension 10 yrs

Other conditions Chronic Hypertension (Include pregnancy within 3 months of death)

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?

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

23. Signature E. C. Ulmer (M. D. or other) MD

Address Carthage Mo Date signed 1-3-45

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

45-1-80

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**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..... *Ed Williams* .....  
Licensed Embalmer No. *2222* .....  
P. O. Address..... *Carthage* .....

**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.**