

Reg. No. **FILED MAR 3 1945**

Primary Registration District No. **5115**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Rural White Water T.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **Entire life after 3 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

HENRY J. YORK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Sue Jones York**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased

(Month) (Day) (Year) **Unknown**

8. AGE:

Years

Months

Days

If less than one day

about 76 hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) **Illinois**

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. (a) Informant

S. E. Jones

(b) Address

Sedgewickville, Mo.

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year) **Feb 1, 1945**

(c) Place: burial or cremation

Sedgewickville

18. (a) Signature of funeral director

J. C. Laughton

(b) Address

Jackson, Mo.

19. (a)

(Date received local registrar)

Feb 9, 1945

(b) MRS. Geneva Graham

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bollinger**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **near Sedgewickville**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30**
year **1945** hour **6** minute **10 PM.**

21. I hereby certify that I attended the deceased from **11-10-1939** to **Jan 30, 1945**
that I last saw him alive on **Dec. 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**

Due to **arterio sclerosis**

Due to

Other conditions **Chronic Nephritis 6 years**
(Include pregnancy within 3 months of death)

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)

Means of injury

23. Signature

J. C. Laughton (M. D. or other)

Address

Sedgewickville, Mo. Date signed **2-5-45**

RECEIVED

District Health Officer No. 4

District File Number 345-30

Date Filed 3-6-45

MAY 31 1945

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

J. E. Graham

Licensed Embalmer No.

4010

P. O. Address

Louisville, 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.