V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13325

Registration District No. 102 Primary Registration District No. 4174 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin Co

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Cardwell Mo
(If outside city or town limits, write "RURAL") 35

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma Yancey.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, 2 divorced W.

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 2 (Day) 1891 (Year)

8. AGE: Years ~~44~~ 53 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Lodi (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Johnson
13. Birthplace D. (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Clara Fails
15. Birthplace D. (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant William Yancey
(b) Address Cardwell Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 3 (Month) 28 (Day) 1945 (Year)
(c) Place: burial or cremation Cardwell Mo

18. (a) Signature of funeral director A. J. Emerson
(b) Address Paragould Ark.

19. (a) 4-7-45 (Date received local registrar) (b) M E Moore (Registrar's signature)

1013

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 1945 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from July 1944 to March 27 1945
that I last saw her alive on March 27 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis Chronic	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131

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

23. Signature M. C. Glasgow (M. D. or other)
Address Cardwell Date signed 4-7-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 445-593
Date Filed 4/4/45
APR 3 1945

APR 30 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.....

Licensed Embalmer No.....

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.