

FILED MAY 16 1945

Registration District No. 72

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(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)

3. (a) PRINT FULL NAME WILLIAM FRANCIS 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 Ileo 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Jan 26 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 16 If less than one day
hr. _____ min. _____

9. Birthplace Crawford Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John A York
13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Martha Kennedy
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ileo York

(b) Address Poplar Bluff Mo R#6

17. (a) Burial (b) Date thereof 4-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park - Sikeston Mo

18. (a) Signature of funeral director: Welch Funeral Home

(b) Address Sikeston Mo

19. (a) 4-28-45 (b) Belle Keune
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Poplar Bluff R#6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar
1, 1945 to April 12, 1945

that I last saw him alive on April 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs
+ metastasis to parotid
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 469
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) Manner of injury _____

23. Signature W. H. Keune (M. D. or other) MD
Address Poplar Bluff Mo Date signed 4-28-45

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

RECEIVED

District Health Office No. 2,

District File Number 545-721

Date Filed 5-11-43

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.