

S. No. 2-2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23385**
Registrar's No. **49**

FILED AUG 13 1945
Registration District No. _____

Primary Registration District No. **3004**

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

1. PLACE OF DEATH: Barton
(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 709 Maple /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALONZO YANCEY
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Emmaline Yancey
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased April 20 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 24
If less than one day hr. min.

9. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER
12. Name Joel Yancey
13. Birthplace Howard County, Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Rosana Dyarty, MISSOURI
15. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emmaline Yancey

(b) Address Lamar Mo JUL 17 1945

17. (c) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (c) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 7-17-45 (b) Martha Rieck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Barton 6
(a) State Missouri (b) County Barton
(c) City or town Lamar 1
(If outside city or town limits, write "RURAL")
(d) Street No. 806 Broadway 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
1945 year 9 hour 45 P.M. minute

21. I hereby certify that I attended the deceased from July 3, 1945 to July 14, 1945
that I last saw him alive on July 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Chronic Myocarditis 4 weeks
old age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations (signature)
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 Dr. Guldner (M. D. or other)
Address Lamar Date signed 7-14-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 845-854

Date Filed AUG 10 1945

AUG 26 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 *Carl F. Kovantz*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.