

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

3748

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 290

Primary Registration District No. 5986

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural Tavern Township
(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 _____ (Specify whether _____)
In this community 5 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Tavern Township (Rural) a
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John Lowell York

3. (b) If veteran, name war 2nd World War 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3, 1924
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>8</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Pulaski Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER

12. Name Howard Henry York
13. Birthplace Pulaski County, Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Blanch McWilliams
15. Birthplace Texas County, Mo. 1a
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Monta Mallette

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 1/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) 1-10-46 (b) Chas M Dodd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1945 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Drowning Duration _____

Due to falling out of boat while fishing

Due to Heavy clothing and cold water

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no - 25

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) Accident 8.5

(b) Date of occurrence 12/30/45

(c) Where did injury occur? North Wagoner Pulaski Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? an old Wagoner Bridge on old 17.
While at work? no (Specify type of place) (e) Means of injury Drowned

23. Signature R B Jester (M) Roscoe

Address Richland Mo. Date signed 1/6/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100759

MAR 30 1948

JAN 25 1948

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Proctor, N.H.

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.