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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6013

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 48

50022 Jackson
48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(Outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
722 N. Main
(If not in hospital or institution, write street number or location)

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

In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 722 N. Main St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Yankee

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 18 ch
year 1946 hour _____ minute _____ 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.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Hattie Yankee

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June -1 - 1865
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Duration immediate

Due to Arteriosclerosis & Hypertensive Cardiac - valve

Due to diarrhea several yrs.

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

8. AGE: Years 80 Months 8 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Hill Mo
(City, town or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Ins. Business

Major findings:
Of operations _____

Of autopsy 193A

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Wesley Yankee

13. Birthplace Ky
(City, town or county) (State or foreign country)

14. Maiden name Sarah Franklin

15. Birthplace N.C.
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Yankee

(b) Address 722 N. Main Indep. Mo

17. (a) Burial (b) Date thereof 2-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director N. B. Langford

(b) Address Lees Summit Mo

19. (a) 2-19-46 (b) James Rose
(Date received local registrar) (Registrar's signature)

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 Clare Katsky M.D.
Address Independence Mo Date signed 2/19/46

650 (Licensed Embalmer's Statement on Reverse Side)

STATE DEPARTMENT

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

W. B. Langford

..... Licensed Embalmer No. *3833*

..... P. O. Address: *Lees Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

• If this body is not embalmed, fact should be so stated above.