

FILED JUN 11 1946

State File No. \_\_\_\_\_

Registration District No. 1419

Primary Registration District No. 8024

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lee Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community All her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45  
(c) City or town Armstrong 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. X 0  
(If rural, give location)  
(e) Citizen of foreign country? No (If No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 10, 1946, to 5-31-46, 1946;  
that I last saw her alive on 5-31-46, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lymphatic Leucemia  
Duration 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations none  
Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury C MD

23. Signature Mr. J. Shaw (M. D. or other) MD  
Address Fayette, Mo. Date signed 6-5-46

3. (a) PRINT FULL NAME KATHERINE YANCEY

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Yes

6. (b) Name of husband William Henry Yancey 6. (c) Age of husband 79 if alive years

7. Birth date of deceased: January 6 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Wife

11. Industry or business X

12. Name Conrad Beltz

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

14. Maiden name Barbara Katz

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. M. Green

(b) Address Armstrong, Missouri

17. (a) Burial (b) Date thereof June 2 1946  
(Burial, cremation, committal) (Month) (Day) (Year)

(c) Place: burial or cremation 012 St. Joseph

18. (a) Signature of funeral director Armstrong, Mo.

(b) Address 6-5-1946

19. (a) 6-5-1946 (b) Dorothy Ann Green  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

12-10-46

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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 Mary Oldaker

Licensed Embalmer No. 3399

P. O. Address Armstrong, 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.