

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1946

Registration District No. 290

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4430

State File No. 337974

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Crocker, Mo.
(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 10 Years
(Specify whether years, months or days)
In this community 10 Years

3. (a) PRINT FULL NAME Elizabeth York

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Sam York 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 28, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name John Thornsberry
13. Birthplace Camden Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Russell
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Monta Mallette

(b) Address Crocker, MO.

17. (a) Burial (b) Date thereof 10/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloodland Cem.

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

(b) Address Crocker, Mo.

19. (a) 11-29-46 (b) Louise B. McClinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1946 hour 8 minute 30A. M.

21. I hereby certify that I attended the deceased from Jan. 4 to Oct. 26 1946
that I last saw her alive on Oct. 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, terminal Duration 3 days
Gangrene of left 3 weeks
Diabetes, Metitis 5 yrs.
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 41

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)
(b) Means of injury _____

23. Signature G. Mallette (M. D. or other) M. D.
Address Crocker, Mo. Date signed 11-29-46

(Licensed Embalmer's Statement on Reverse Side)

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

367974

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. Cooper

Licensed Embalmer No. 3261

P. O. Address Brookline, Me.

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.