S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14584

Registration District No. 2178 Primary Registration District No. 4427 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Waynesville General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps 81

(c) City or town Flat (If outside city or town limits, write "RURAL") 0

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Christopher Andrew York

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maymie York

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan (Month) 18 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
47	2	16	hr. min.

9. Birthplace Wildwood (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Luther York

13. Birthplace Bloodland (City, town, or county) Mo (State or foreign country) 0

14. Maiden name Rosa Schultz

15. Birthplace Waynesville (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Herbert York

(b) Address Flat, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4 12 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Unknown

18. (a) Signature of funeral director Lee Johnson

(b) Address Waynesville Mo

19. (a) 4/15/47 (Date received local registrar) (b) Dudley C. Buchanan (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 12

year 1947 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 2, 1947, to April 12, 1947, that I last saw him alive on April 12, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death LEUKEMIA, LYMPHOCYTIC,	
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Wm R. Taylor (M. D. or other)

Address Waynesville Mo Date signed 4/12/47

389 (Licensed Embalmer's Statement on Reverse Side)

4/12/47

MAY 27 1963

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.....

.....Me....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.