FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1948

Registration District No. 99

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22695

Primary Registration District No. 4472

Registrar's No. 43

1. PLACE OF DEATH:
(a) County: DeKalb
(b) City or town: Stewartsville
(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 years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: DeKalb 32
(c) City or town: Stewartsville 0
(If outside city or town limits, write "RURAL") 8
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Olive Ellen York
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Joseph N. York
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: 6 (Month) 24 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
82	0	21	hr. ..... min.

9. Birthplace: DeKalb Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
12. Father — Name: Jasper D. Flanders
13. Father — Birthplace: Unknown (City, town, or county) Ky (State or foreign country)
14. Mother — Maiden name: Lucinda Curtis
15. Mother — Birthplace: Unknown (City, town, or county) Del. (State or foreign country)
16. (a) Informant: J N York
(b) Address: Stewartsville Mo
17. (a) CB (Burial, cremation, or removal) (b) Date thereof: 7-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Stewartsville Mo
18. (a) Signature of funeral director: Funeral Home
(b) Address: Stewartsville, Mo
19. (a) 7-20-48 (Date received by local registrar) (b) R Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1948 hour 9 minute 0 A. M.

21. I hereby certify that I attended the deceased from 3-25, 1948, to 7-15, 1948, that I last saw her alive on 7-14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 mo
Due to: Hypertension	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 2
While at work? ..... (e) Cause of injury .....

23. Signature: O. R. Van Buskirk M. D. or other 280
Address: 893 Faraon St Joseph Mo Date signed: 7-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville N

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

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