FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 6 1948
Registration District No. 206

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23541

Primary Registration District No. 5751

Registrar's No. 91

1. PLACE OF DEATH:

(a) County: Madison

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

(c) Name of hospital or institution: - North Town - 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community (years, months or days): 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Madison 62

(c) City or town: Fredericktown (If outside city or town limits, write "RURAL") 1

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

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

If yes, name country

3. (a) PRINT FULL NAME: Rev. John Lorin Yancey

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: male (1)

5. Color or race: White

6. (a) Single, widowed, married, divorced: married (1)

6. (b) Name of ~~husband or~~ wife: Sarah Lorinza Yancey

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: June (Month) 11 (Day), 1875 (Year)

8. AGE: Years 73 | Months 1 | Days 16 | If less than one day: hr. min.

9. Birthplace: Jasper Co. (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation: minister

11. Industry or business:

MOTHER FATHER

12. Name: Edward Yancey

13. Birthplace: unknown (City, town, or county) (State or foreign country) 4

14. Maiden name: unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant: Monroe Yancey

(b) Address: Fredericktown, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~): (b) Date thereof 7/30/48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Methodist Cemetery

18. (a) Signature of funeral director: Webb - Adamson

(b) Address: Fredericktown mo.

19. (a) 7-29-48 (Date received local registrar) (b) Florence Leclas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from had not been in attendance, 19__, to 19__; that I last saw him alive on July 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial degeneration	5 years
Due to: arteriosclerosis	15 years
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) 2

While at work?: (e) Means of injury:

23. Signature: Kenneth P. Wheeler (M. D. or other) DO

Address: Fredericktown, Mo. Date signed 7/28/48

0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 848-

Date Filed 8-5-48

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 L. Valjean Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown,

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23541

Registration District No. 206 Primary Registration District No. 5751 Registrar's No. 91

1. PLACE OF DEATH:

(a) County: Madison

(b) City or town: Rural-Fredericktown (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Michael's Hospital (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 ____

2. USUAL RESIDENCE OF DECEASED:

(a) State ____ (b) County ____

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

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

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

If yes, name country ____

3. (a) PRINT FULL NAME: John L. Yancey

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: M

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____

7. Birth date of deceased: June 11 (Month) (Day) ____ (Year)

8. AGE: Years 73 Months 1 Days ____ If less than one day ____ hr. ____ min.

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

10. Usual occupation ____

11. Industry or business ____

MOTHER FATHER

12. Name ____

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

14. Maiden name ____

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

16. (a) Informant ____

(b) Address ____

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)

(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____

(b) Address ____

19. (a) 9-4-1948 (Date received local registrar) (b) Florence Hahn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 27 year 1948 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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.

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(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 ____

23. Signature ____ (M. D. or other) ____

Address ____ Date signed ____

SUPPLEMENTARY