

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 7 1948

Registration District No. 170

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5986

State File No. 27328

Registrar's No. 103

## 1. PLACE OF DEATH:

(a) County Pulaski-Tavern Twp. Rural  
 (b) City or town \_\_\_\_\_  
 (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 \_\_\_\_\_  
5 years (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINTED FULL NAME Rose Annie 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 Luther York 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased June 9 1881  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 2 15 hr. min.

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

10. Usual occupation Housekeeper- Housewife

## 11. Industry or business

12. Name Christopher Shultz  
 13. Birthplace D.K. 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name D.K.  
 15. Birthplace D.K. 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. C. Belton

(b) Address Hawkeye, Mo.

17. (a) Burial (b) Date thereof 8-29-48 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gospel Ridge Cemetery

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

(b) Address Crocker, Mo.

19. (a) 9-3-48 (b) Thelma C. Buckthorpe  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
 (c) City or town Tavern Twp. Rural  
 (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 Aug. day 26  
 year 1948 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from Oct.  
1943 to Aug. 25 1948  
 that I last saw her alive on Aug. 25 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia, bronchial 20 hrs  
Hemiplegia 2 da.

Due to Arterial Sclerosis.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. M. Holt (M. D. or other)  
Crocker, Mo. Date signed 9-28-48

(Licensed Embalmer's Statement on Reverse Side)

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

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. Hoops*

Licensed Embalmer No. *3261*

P. O. Address *Brookline 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.**