No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

31783

State File No.

FILED SEP 28 1948

Registration District No. 1982

Primary Registration District No. 6189

Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Forsyth Rural
(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
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney 100
(c) City or town Forsyth Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jonathan Levi York
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia Rowe York
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 26, 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 15 If less than one day hr. min.

9. Birthplace ~~Farming~~ Unknown 9
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Albert York
13. Birthplace ---- Tenn 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Ewin York
(b) Address Drury, Missouri
17. (a) Burial (b) Date thereof 9-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Home
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Mo.
19. (a) 9-16-48 (b) S E Cogswell 376
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1948 hour about minute 6 PM M.

21. I hereby certify that I attended the deceased from Sept 10th 1948 to Sept 10 1948
that I last saw him alive on Dead Sept 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cut his throat with pocket knife

Due to Severed Juglar Vame

Due to Don't Know

Other conditions Bad Health
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

Duration

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) Suicide
(b) Date of occurrence Sept 10th 1948
(c) Where did injury occur? Forsyth (City or town) Taney (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm on Home
(Specify type of place)
While at work? no (e) Means of injury Cut throat
23. Signature Harry Forsyth (M. D. or other) Coroner
Address Bronson MO Date signed 9-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File No. 948-1080
Date Filed SEP 27 1948

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 Minnie L Whelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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.