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-47-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# FILED OCT 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. 30094

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 174

### 1. PLACE OF DEATH:

(a) County HENRY  
 (b) City or town CLINTON  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
CLINTON GENERAL HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7.5  
(Specify whether years, months or days)  
 In this community 5 YEARS

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY 42  
 (c) City or town CLINTON  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 501 N. MAIN  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

### 3. (a) PRINT FULL NAME

EDNA ESTELLE YAIL

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife SAMUEL E. YAIL  
 6. (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased APRIL 6 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name JACK MAHAN  
 13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)  
 14. Maiden name ELIJA WILLIAMS  
 15. Birthplace BARFIELD ARK.  
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel E. Yail  
 (b) Address Clinton Mo.

17. (a) BURIAL (b) Date thereof SEPT 14 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD CEMETERY

18. (c) Signature of funeral director J. H. Vannoy

(b) Address Clinton Mo.

19. (a) 9-14-46 (b) R. H. Kennedy  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 12  
 year 1946 hour 11:40 minute P M.

21. I hereby certify that I attended the deceased from Sept 12 1946  
 that I last saw her alive on Sept 12 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon  
 Duration 6 Mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None 46E  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Colon  
 Of operations \_\_\_\_\_

Of autopsy NO

### 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) NO

(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? NO

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

23. Signature S. B. [unclear] (M. D. or other) MD  
 Address Clinton Mo. Date signed 9/12/46

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

RECEIVED

Dist. of Health Officer No. 7,

Dist. No. 9-46-961

Date Filed 10-2-46

**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, W. A. Vansant

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

**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.**