S. No. 2
4—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1943
Registration District No. 2202

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14914

Primary Registration District No. 5794

Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau Co.
(b) City or town Rural Moreau tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home /
(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) 10 Yrs

2. USUAL RESIDENCE OF DECEASED: 68
(a) State Missouri (b) County Moniteau 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Clarksburg Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sarah A. Yancey
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White /
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Oct (Month) 5 (Day) 1865 (Year)

8. AGE: Years 78 | Months 7 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)
10. Usual occupation House Wife
11. Industry or business .....
12. FATHER — Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. MOTHER — Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Son Yancey
(b) Address Clarksburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 43 (Month) (Day) (Year)
(c) Place: burial or cremation Burke Cem, California
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.
19. (a) Apr 6-1943 (Date received local registrar) (b) Jerrine Needles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1943 hour 1 minute 45 A. M.
21. I hereby certify that I attended the deceased from March 26, 1943, to April 2, 1943
that I last saw her alive on April 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Intestinal Obstruction	10 days
Due to	
Due to Volvulus	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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

23. Signature Edgar A. Yancey (M. D. or other)
Address California Date signed 4/5/43,

(Licensed Embalmer's Statement on Reverse Side)

APR 23 19

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: Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address: California

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.