

JAN 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

42691  
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar  
(b) Township North Benton  
(c) City Montevallo  
(d) Street No. 164  
(e) Length of residence in city or town where death occurred yrs. mos. ds.  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.  
Registration District No. 164  
Primary Registration District No. 5229  
Registered No. 133  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME John L. Young

(a) Residence, No. [ ] St. [ ]  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1956

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 7 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Clyde Wilson Montevallo

18. BURIAL, CREMATION, OR REMOVAL PLACE Preston DATE Dec. 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. DAVIS & CO. Stockton, MO.

20. FILED 12-30-38 Mrs. Mary Heifman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1938 to Dec 25, 1938  
I last saw him alive on Dec 6, 1938. Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Chronic Digestive Disease  
Date of onset

Other contributory causes of importance: 131

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify ..... (Signed) H. J. Surrill M. D.

(Address) Stockton, MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 7;  
District File Number 7-39-3  
Date Filed 1-2-39

**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.

*Not Embalmed*

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

**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, above space should be left blank.**