

DEC'D FEB 27 1939

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

3572
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 712
 (b) Township Liberty Primary Registration District No. 4424 Registered No. 3
 (c) City Richland (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 10 (If death occurred in Hospital or Institution, write its name instead of street and number)
 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
(81) 87 11 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Hardware Merchant
 10. Date deceased last worked at this occupation (month and year) 7-30 11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo. / unknown

FATHER
 13. NAME Alfred Young

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) Nellie Young, Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE Jan 17 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. B. Teeple, Richland Mo.

20. FILED Jan 26 1939 Owett A. Oliver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1938 to Jan 15 1939

I last saw him alive on Jan 15 1939. Death is said to have occurred on the date stated above, at 1239 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset 1-14-39

Other contributory causes of importance:
Family & General Debility, arteriosclerosis, coronary artery disease, acute parenchymatous nephritis

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

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? no
 If so, specify _____

(Signed) W. H. Schubert, D.O.
 (Address) Richland, Missouri

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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.