

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

6624  
Do not use this space.

REC'D MAR 17 1939

**1. PLACE OF DEATH**

(a) County Harrison <sup>2</sup> Registration District No. 1012  
 (b) Township Butler <sup>1</sup> Primary Registration District No. 5480 Registered No. 2  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.

**2. PRINT FULL NAME**

James Howard Young  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1939 to Feb 6 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1882

I last saw him alive on Feb 7 1939. Death is said to have occurred on the date stated above, at 7:10 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
56 5 11

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

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

Carcinoma of Liver  
 Date of onset 40

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

Other contributory causes of importance:

FATHER 13. NAME James Harrison

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME Mary Ann Pratt

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

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

17. INFORMANT (ADDRESS) James Young  
McFall MO

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist DATE Feb 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Grobel  
New Hampton

20. FILED Feb 2 1939 Mrs. Woodson Beard Local Registrar.

311 (Address) James Harrison

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. 111

Case No. 29-78

Date Recd

MAR 9 1939

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 W. G. Noble

Licensed Embalmer No. 2904

P. O. Address W. G. Noble

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.