

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

43395
 Do not use this space.

1. PLACE OF DEATH GREENE Registration District No. 316
 (a) County.....
 (b) Township..... Primary Registration District No. 2091 Registered No. 925
 (c) City SPRINGFIELD (d) Street No. St Johns Hospital St.
 (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME David F. Young
 (a) Residence, No. Seymour, Mo. 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 Lena Young
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1912
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 7 27 5 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. On Farm
 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) Webster County, Mo.
 FATHER 13. NAME John W. Young
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Anna Brimback
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Mrs Lena Young, Seymour, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour, Mo. DATE 12-22, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Olma Johnson, Springfield, Mo.
 20. FILED 12/22 1939 Chas A. George, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1939
 22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....
 I last saw him and alive on 12-20, 1939 Death is said to have occurred on the date stated above, at 12:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Edema brain; subarachnoid hemorrhage; Edema lungs
 Date of onset 12-5-39
 Other contributory causes of importance: Struck on head in a fight
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 12-5, 1939
 Where did injury occur? Shelbourn - Webster County (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury Fight
 Nature of injury Fracture of skull
 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify.....
 (Signed) R. H. White, M. D.
 (Address) Crown Greene County, Springfield

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.

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 Lewis E. Scherpf

Licensed Embalmer No. 3802

P. O. Address. Springfield, 77

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.