DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 17 1940

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43903

Registration District No. 496 Primary Registration District No. 3025 Registrar's No. 112

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brookfield Hospital /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four days (Specify whether
In this community Four days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County Linn

(c) City or town Linneus
(If outside city or town limits, write "RURAL")

(d) Street No. XXXXXXXXX
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Florence Young 520

3. (b) If veteran, name war XXXXXX

3. (c) Social Security No. XXXXXXX

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XXXXXXX

6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased Aug. (not known) 1892
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	3	XXX	hr. min.

9. Birthplace Linneus, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home 9

11. Industry or business XXXXXXXXXXXX 0

FATHER
12. Name Finis Young
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sally A. Holliday
15. Birthplace Linn County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence Stephens
(b) Address Linneus, Missouri.

17. (a) Burial Cemetery (b) Date thereof Dec 12/'39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem., Linneus

18. (a) Signature of funeral director Thorne Anderson King Co.
(b) Address Linneus, Missouri

19. (a) Dec 12 39 (b) Jno H Lucas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1939 hour 10: minute 30 a. M.

21. I hereby certify that I attended the deceased from Nov. 19, 1939 ~~Dec 9~~, 1939, to Dec 9, 1939;
that I last saw her alive on Dec 9, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory paralysis ether anesthesia	5 min.
Due to Carcinoma uterus	—
Due to Metatases to liver.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinoma uterus with metatases to liver + abdominal glands

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 J R Dixon M.D. (M. D. ~~or other~~)
Address Linneus, Mo Date signed 12/11

(Licensed Embalmer's Statement on Reverse Side)

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. 11,
District File Number 40-1947
Date Filed JAN. 13 1940

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 Harl A. Taylor

Licensed Embalmer No. 3761.

P. O. Address Linneus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.