

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. **82**

1. PLACE OF DEATH:

(a) County **Marion**  
(b) City or town **Hannibal**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St Elizabeth Hosptial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Days Hospt**  
(Specify whether  
In this community **2 Days**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Texas**  
(c) City or town **Licking Missouri**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **William Thomas Youell 400**

8. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **Male** 6. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mattie** 6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **October 2 1858**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **5** Days **3** If less than one day hr. min.

9. Birthplace **Perry Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Auctioner**

11. Industry or business \_\_\_\_\_

12. Name **Whitfiel Youell**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Norman**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mattie Youell**

(b) Address **Licking Mo**

17. (a) **Burial** (b) Date thereof **March 7 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Judes Cemetary**

18. (a) Signature of funeral director **Wilson + Son**

(b) Address **Manassas City Mo**

19. (a) **3-5-40** (b) **W. D. Fushner**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5th**  
year **1940** hour **12** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **March 3 1940 to March 4 1940**  
that I last saw him alive on **Mar 4 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **intestinal obstruction** Duration \_\_\_\_\_

Due to **Oriental Hernia abdomen**

Due to **Omental Hernia**

Other conditions **age 17 20**  
(Include pregnancy within 3 months of death)

5. Major findings: Of operations **many intestinal adhesions**

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **A. P. Shauke** (M. D. or other) **1**

Address **Hannibal Mo** Date signed **3-6-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

64  
1  
5

**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

*Leslie L. Wilson*

Licensed Embalmer No.

*3014*

P. O. Address

*Manassas City, Md*

**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.**