

Registration District No. 296

Primary Registration District No. 5413

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural Union, Mo.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JACOB F. YOUNG 521
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Illie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 7, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Jeffriesburg, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Franz Young
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Jenny
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emil Young
(b) Address Union, Mo.

17. (a) burial (b) Date thereof May 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jeffriesburg, Mo.

18. (a) Signature of funeral director W. H. ...
(b) Address Union, Missouri

19. (a) 5-21-40 (b) Lewis F. Howe M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Rural Union, 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations ✓
Of autopsy none
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) nat.
(b) Date of occurrence May 29 1940

(c) Where did injury occur? On Farm Franklin mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm (Specify type of place)

While at work? yes (Specify type of place) Means of injury none
23. Signature W. H. ... (M.D. or other) _____
Address Union, Mo Date signed 5/29/40

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.

STATE OF MASSACHUSETTS

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 Wm. H. Howe

Licensed Embalmer No. 3175

P. O. Address Union, Ma

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.