

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21842

State File No.

Registration District No. 347

Primary Registration District No. 5485

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural
(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 2 years
years, months or days)

3. (a) PRINT FULL NAME Benny Young 520

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased. 4 24 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 11 hr. min.

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

10. Usual occupation 1

11. Industry or business

MOTHER FATHER { 12. Name Harry C. Young D

13. Birthplace Whitewater Ill
(City, town, or county) (State or foreign country)

14. Maiden name Clara Lee Young

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

16. (a) Informant Mrs Clara L Young

(b) Address Missouri

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation:

18. (a) Signature of funeral director Fred C. Williams

(b) Address Clinton MO

19. (a) 7-6-40 (b) Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi N. Wick
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5
year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 28
1940 to July 5, 1940
that I last saw him alive on July 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Deficiency

Due to acute Colitis

Due to 157C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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) (e) Means of injury

23. Signature J. A. G. [unclear] (M. D. or other) 1

Address Wick 3rd Date signed 7-6-40

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

+2

FILED JUL 15 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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clendon 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.