

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22509**

Registration District No. **668**

Primary Registration District No. **3039**

Registrar's No. **204**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(c) Name of hospital or institution: **Bothwell Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Hrs.**
In this community **500**
years, months or days

8. (a) PRINT FULL NAME **Inf. Son Edward W. Young**

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

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

6. (b) Name of husband or wife **No.** 6. (c) Age of husband or wife if alive **No.** years

7. Birth date of deceased **June 7th** **1940**
(Month) (Day) (Year)

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

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

10. Usual occupation **C**

11. Industry or business **C**

12. Name **Edward W. Young**

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

14. Maiden name **Lavern Marlin**

15. Birthplace **Beaman R.R. #1** **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward W. Young**

(b) Address **Sedalia Missouri**

17. (a) **Buried** (b) Date thereof **6/8/40**
(Burial, cremation, or removal) (City, town, or county) (Year)

(c) Place: burial or cremation **Union Cem.**

18. (a) Signature of funeral director **McLaughlin Bros**

(b) Address **Sedalia Missouri**

19. (a) **6-8-40** **WMA Harry Smeed**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **822 N. Grand Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **No.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1940** hour **3** minute **0** M.

21. I hereby certify that I attended the deceased from **June 7**
to **June 7**, 19**40**
that I last saw him alive on **June 7**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth**
about 6 1/2 - 7 mos.

Due to **Supernatural or unknown**

Due to **154**

Other conditions **154**
(Include pregnancy within 3 months of death)

Major findings: **No.**

Of operations **No.**

Of autopsy **No.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No.**

(b) Date of occurrence **No.**

(c) Where did injury occur? **No.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
900 While at work? **No.** (Specify type of place) (e) Means of injury **No.**

23. Signature **Chas. Young** (M. D. or **No.**)

Address **Sedalia Mo** Date signed **June 8**

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

0
4
4

1940

6 9 0 8

RECEIVED
District Health Officer No. 8,
District File Number
7-11-40
Date Filed

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.....

Licensed Embalmer No. 2419

P. O. Address. Sedalia

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.