

BUREAU OF THE CENSUS
FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

28779

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Terrance Young 520

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife infant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 17 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 18 hr. min.

9. Birthplace: Treeco Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business X

12. Name George W. Young

13. Birthplace Stark City Mo.
(City or town, or county) (State or foreign country)

14. Maiden name Louise Turner
(City or town, or county) (State or foreign country)

15. Birthplace Douthit Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Turner

(b) Address Treeco Kansas

17. (a) burial (b) Date thereof 8-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grady Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Pierce City Mo.

19. (a) 8-6-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Treeco
(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 Aug. day 5
year 1940 hour 8 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from July 29, 1940, to Aug 5, 1940; that I last saw him alive on Aug 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Old Colitis

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

372 (Specify type of place)

While at work? _____ (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed [Date]

Duration

[Signature]

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

40-9-360

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 me

working under my personal supervision.

Signed Arthur O. Heinecke
Registered Apprentice No. _____
Licensed Embalmer No. 38225
P. O. Address Peine City, Pa.

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.