No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

Dr Chapman

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29286

Registration District No. _____ Primary Registration District No. 655 Registrar's No. 4392

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Steele
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State O Missouri (b) County Pemiscot
(c) City or town Steele, Mo.
(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 James W. Young 520

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

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

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

7. Birth date of deceased Aug (Month) 18 (Day) 1939 (Year)

8. AGE: Years _____ Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Steele (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Elbert Young
13. Birthplace Stanley (City, town, or country) Ky (State or foreign country)

MOTHER
14. Maiden name Maudie Griggs
15. Birthplace Parsons (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Elbert Young
(b) Address Steele, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7, 24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Holly Cemetery

18. (a) Signature of funeral director J. L. German
(b) Address Steele, Mo.

19. (a) 7-26-40 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23 year 1940 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from 7-15-40, 19__, to 7-23-40, 19__; that I last saw him alive on 7-23-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bacillary Dysentery and terminal pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
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 _____
(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)
While at work? _____ (e) Means of injury _____

23. Signature J. R. Chapman (M. D. or other)
Address Steele Mo Date signed _____

(Licensed Embalmer Statement on Reverse Side)

9-40-16

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.