

FILED OCT 23 1940

No. 2
1-10-39
17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32122

Registration District No. 338

Primary Registration District No. 5474

Registrar's No.

1. PLACE OF DEATH:

- (a) County Harrison
 (b) City or town Melbourne, Mo. Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (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
- 2
- (Specify whether

In this community Inter life
years, months or days)

3. (a) PRINT FULL NAME
- Benjamin W. Young
-
- BENJAMIN W. YOUNG

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 _____

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

7. Birth date of deceased
- Oct 26 1939
-
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-
- 9 24
- hr. _____ min.

9. Birthplace
- Stat of Mo.
- 0
-
- (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

- MOTHER FATHER
 12. Name Benjamin Young
 13. Birthplace Stat of Iowa 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Virginia Child
 16. Birthplace Stat of Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant
- Benjamin Young

- (b) Address
- Melbourne, Mo. Rural

17. (a)
- Rural
- (b) Date thereof
- Aug 22 1940
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Mitchell Cemetery

18. (a) Signature of funeral director
- W.D. James

- (b) Address
- Hilman City, Mo.

19. (a)
- Sept 14 1940
- W.D. James
-
- (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Harrison

- (c) City or town
- Melbourne Mo
-
- (If outside city or town limits, write "RURAL")

- (d) Street No.
- 0
- (If rural, give location)

- (e) If foreign born, how long in U. S. A?
- no
- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Aug
- day
- 20
-
- year
- 1940
- hour
- 4:30
- minute
- 9.M.

21. I hereby certify that I attended the deceased from
- Aug-15
-
- 1940
- , to
- Aug-28
- , 19
- 40
-
- that I last saw him alive on
- Aug-20
- , 19
- 40
-
- and that death occurred on the date and hour stated above.

- Immediate cause of death
- Diarrhea
- Duration _____

- 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?
- 306

- While at work? _____ (Specify type of place) (e) Means of injury
- 3

23. Signature
- J.C. WALKER
- (M. D. or other)
- D.O.

- Address
- Hilman City MO
- Date signed
- 9-13-40

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

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 the above constitutes grounds for revocation of license.)

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