

No. 2
-13-40
17-39
X23159

Registration District No. **316** Primary Registration District No. **2001**

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

1. PLACE OF DEATH
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **1120 @ Pacific**
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME **DAN YOUNG**
(b) If veteran, name war **no**
(c) Social Security No. **none**

4. Sex **male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Unknown**
(c) Age of husband or wife if alive **Dec 27 1857** years
7. Birth date of deceased (Month) **Sep** (Day) **27** (Year) **1857**

8. AGE: Years **83** Months **1** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown Mo.**

10. Usual occupation **Retired Frisco Employee**

11. Industry or business **Truckman Frisco Shops.**

12. Name **Anton Young**

13. Birthplace **Unknown Pennsylvania**

14. Maiden name **Marjorie Hummel**

15. Birthplace **Unknown Germany**

16. (a) Informant **Mrs. Carl Carter**

(b) Address **Springfield Mo.**

17. (a) **Burial** (b) Date thereof **Nov 19 1940**

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **W. Kingman**

(b) Address **Springfield, Mo.**

19. (a) **11-19-40** (b) **M. E. Haudley**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **1120 E. Pacific**
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **17** year **1940** hour **1** minute **55 A.M.**
21. I hereby certify that I attended the deceased from **9-1-39** to **11-17-40**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to _____

Due to **Arterio sclerosis**
Other conditions (include pregnancy within 3 months of death) **none**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **W. Kingman** (M. D. or other) _____
Address **Springfield Mo.** Date signed **11/18/40**

Duration _____
Underline the cause to which death should be charged statistically.

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

Roy A. Cavim

Licensed Embalmer No.

1763

P. O. Address

Springfield, Mo.

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, fact should be so stated above.

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