

Registration District No. **470**

Primary Registration District No. **5640**

Registrar's No. **152**

1. PLACE OF DEATH:

(a) County **Lawrence**  
(b) City or town **mt Vernon Mo**  
(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**  
In this community **Four years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Burnsbrook township Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **000** (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME **Clarence B Young**

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

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

6. (b) Name of husband or wife **Alpha** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Feb 2 1876**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Al Young**

13. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Edith Edmonds**

15. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray C Young**

(b) Address **mt Vernon Mo**

17. (a) **Removal** (b) Date thereof **11 30 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Goodland Kansas**

18. (a) Signature of funeral director **H. D. Fossett**

(b) Address **mt Vernon Mo**

19. (a) **11-30-40** (b) **P.A. HOLMES**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **29**  
year **1940** hour **4:45** minute **45** A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to **Nov 28** 19 **40**  
that I last saw him alive on **Nov 28** 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Accident Fulminating**  
Due to **Hypertension**  
**Chr. Myocarditis**  
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? **Yes**

While at work? \_\_\_\_\_ (Specify type of place)  
Means of Injury \_\_\_\_\_

23. Signature **Symeth Dove M.D.** (M. D. of other) \_\_\_\_\_  
Address **mt Vernon Mo** Date signed **11/30/40**

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

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

DEC 1 1940

5

RECEIVED

District Health Officer No. 6,

District File Number 1140-2941

Date Filed DEC 5 1940

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.....

Max J. Fassett

, Registered Apprentice No. 268

working under my personal supervision.

Signed H. D. Fassett

Licensed Embalmer No. 2201

P. O. Address MT Vernon MD

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.