

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **230**

1. PLACE OF DEATH:

(a) County Randolph  
 (b) City or town Moberly  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Woodland Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
 (c) City or town Moberly  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 320 E. Logan  
 (Rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30<sup>th</sup>  
 year 1940 hour 9 minute 17 P. M.

21. I hereby certify that I attended the deceased from Sept. 11 to Oct. 30  
 that I last saw her alive on Oct. 30  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - stroke  
 Duration Sept. 11

Due to \_\_\_\_\_

Due to Chronic nephritis - months

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 121

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
 (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?  
 \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) [Signature]  
 Address Moberly, Mo. Date signed 10/31/40

3. (a) PRINT FULL NAME Mary E. Young

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

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

6. (b) Name of husband or wife Fred R. Young 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 10<sup>th</sup> 1862  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business 5

MOTHER FATHER { 12. Name Jeremiah S. Green

18. Birthplace Ireland  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Sullivan

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

16. (a) Informant Mrs. Guy Greathouse

(b) Address Moberly

17. (a) \_\_\_\_\_ (b) Date thereof Nov. 2<sup>nd</sup> 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly  
 19. (a) Nov 2-40 (b) Paul Williams  
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2362

Date Filed DEC 17 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.....  
....., Registered Apprentice No.....  
..... working under my personal supervision.

Signed Frank D. Watt  
Licensed Embalmer No. 3021  
P. O. Address Moberly 9

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 395-62

Registration District No. 735

Primary Registration District No. 3004

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(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 (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Mary E. Young

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced, married

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

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

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Nov. 2-40 (b) Paul Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1981 hour minute M.

21. I hereby certify that I attended the deceased from that last saw him alive on and that death occurred on the date and hour stated above.

(Immediate cause of death) Duration

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 L. E. Huber (M. D. or other)

Address Moberly Mo Date signed

SUPPLEMENTAL

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

MOTHER FATHER

1940  
S-39562