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4-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42535**  
Registrar's No. **1009**

Registration District No. **318**

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**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**804 S. Broadway**  
(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 **2**

3. (a) PRINT FULL NAME **Sarah Belle Young**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widow**  
 6. (b) Name of husband or wife **William A. Young**  
 6. (c) Age of husband or wife if alive **Deceased** years  
 7. Birth date of deceased **October 4, 1861**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<b>79</b>	<b>2</b>	<b>13</b>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business **In Home**

12. Name **John Davidson**

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

14. Maiden name **Rebecca Lynch**

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

16. (a) Informant **Clarence Young**

(b) Address **804 S. Broadway, City**

17. (a) **Burial** (b) Date thereof **12-19-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **12-19-40** (b) **W. E. Handley MD**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Greene**  
 (c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **804 S. Broadway**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **December** day **17th**  
 year **1940** hour **6** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Nov 27**  
 1940, to **Dec 16**, 1940  
 that I last saw her alive on **Dec 16**, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute bronchitis**  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **Plaurisy of side**  
(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?  
**984**  
(Specify type of place)  
 While at work? \_\_\_\_\_  
(e) Means of injury  
 Signature **Mary Jean Otherton** (M. D. or other)  
 Address **333 E. ...** Date signed **Dec 18, 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. 1767  
working under my personal supervision.

Signed.....

*E. C. Anthony*  
.....  
Licensed Embalmer No. 1767

P. O. Address Springfield

**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.**