

JAN 25 1943
Registration District No. 4135

Primary Registration District No. 3034

Registrar's No. 760

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: M^s Bormick 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

3. (a) PRINT FULL NAME Charles 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

7. Birth date of deceased July 26th 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Reuben Young

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

14. Maiden name Nancy Enoch

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

16. (a) Informant Mrs Lucy Hillerman

(b) Address 304 So Morley

17. (a) Burial (b) Date thereof Dec 19th 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 Mo

19. (a) Dec 19-40 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or township Sugar Creek
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th
year 1940 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 13 - 1940 to Dec 17 - 1940
that I last saw him alive on Dec 17 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute intestinal obstruction?
(cause not determined)

Due to _____

Due to 12/17/40

Other conditions acute Heart Failure (myocardial)
(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) 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? NO

While at work? NO (Specify type of place) Means of injury _____

23. Signature L E Nube (M. D. _____)

Address Moberly Mo Date signed 12/17/40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-168

Date Filed JAN 16 1941

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, 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, above space should be left blank.