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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3766

Registration District No.

668

Primary Registration District No.

3032

Registrar's No.

3

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
317 West Pettis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs
(Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 317 West Pettis
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st
year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 31
1940, to Jan 1, 1941
that I last saw him alive on Jan 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of
Paralysis
Due to Cerebropharyngeal

Due to _____
Other conditions Securately
(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?
911 (Specify type of place)
While at work? ✓ (Specify type of place)
Means of injury ✓

23. Signature M. J. Bishop (M. D. or other) D
Address Sedalia Mo Date signed 1-2-41

3. (a) PRINT FULL NAME ANDREW JACKSON 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 married

6. (b) Name of husband or wife Lucy Young 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec 2 1869
(Month) (Day) (Year)

8. AGE: Years 71 72 Months 1 Days _____ If less than one day hr. _____ min. _____

9. Birthplace St. Clair County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name Elmer Young

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

14. Maiden name ✓

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

16. (a) Informant George William Young

(b) Address Sedalia, Mo

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

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Me Laughlin

(b) Address Sedalia

19. (a) 1-2-41 (b) Mrs Harry Sneed
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-14-41

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.....

Robert H. Reed

Licensed Embalmer No. *3745*

P. O. Address *Sedalia 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3766

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. _____

1. PLACE OF DEATH

- (a) County Pettis
(b) City or town Sedalia
(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

Andrew Jackson Young

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

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

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

7. Birth date of deceased Dec-2-1869
(Month) (Day) (Year)

8. AGE: Years 71 72 Months 29 Days 29 If less than one day
_____ min.

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

10. Usual occupation _____

11. Industry or business _____

- MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) 4-1-41 (b) Mrs Harry Sneed
(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) If foreign born, how long in U. S. A. ? _____ years.

DEATH CERTIFICATION

20. DATE OF DEATH Month Jan day 1
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

- Due to _____

- 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? _____

- While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. T. Bishop (M. D. or other) _____
Address Sedalia Mo Date signed _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

