

FILED APR 28 1941
Registration District No. 7771

Primary Registration District No. 61467

Registrar's No. _____

1. PLACE OF DEATH

(a) County Jefar
(b) City or town Rural Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 N.E. Raymondville, Mo
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1941 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from 3-4
1941 to 3-10, 1941
that I last saw him alive on 3-4-41
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease Duration
moribund

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 _____
28. Signature J. B. Hornum (M. D. or other) _____
Address Raymondville, Mo Date signed _____

8. (a) PRINT FULL NAME EMERSON DWANE YOUNG

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased Oct. 24 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Raymondville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER { 12. Name Harold Young
18. Birthplace Oklahoma City Okla. 1
(City, town, or county) (State or foreign country)
14. Maiden name Roberta Henson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Young
(b) Address Raymondville Mo

17. (a) Burial (b) Date thereof 3/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship

18. (a) Signature of funeral director Gayland W. Elliott

(b) Address Houston Mo
19. (a) Mar. 10-41 (b) Mrs. Dora Gregory
(Date received local registrar) (Registrar's signature)

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

1
00

RECEIVED
District Health Officer No. 8,
441555

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.....
Licensed Embalmer No.....
P. O. Address.....

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.