

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

Registration District No. 669

Primary Registration District No. 4401

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years
years, months or days

3. (a) PRINT FULL NAME

James Paul Young

8. (b) If veteran, name war _____

8. (c) Social Security No. 4-95-01-2812

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Missie

6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Feb 19-1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 36 hr. _____ min. _____
If less than one day

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

10. Usual occupation Laborer in a Creamery

11. Industry or business

12. Name John L. Young

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

14. Maiden name Elizabeth Young

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

16. (a) Informant's own signature Missie Young

(b) Address Smithton MO

17. (a) Burial (b) Date thereof 4-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Can

18. (a) Signature of funeral director A. F. Wampler

(b) Address Smithton MO

19. (a) 4-26-41 (b) Wm. J. L. Moore
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Apr 2 to Apr 7 1941
that I last saw him alive on _____ 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Meningitis
Influenza
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? _____

(e) While at work _____ (f) Means of injury _____

23. Signature _____ (M. D. or other)

Address Smithton MO Date signed 4/25

EBVIVE. L I E C O R D
S Y
R A T I O N A L I Z E D
P O N G H A T E

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.....

A. F. Neumeier

Licensed Embalmer No.....

13912

P. O. Address.....

Smithton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-4752

Registration District No. 669

Primary Registration District No. 4401

Registrar's No.

1. PLACE OF DEATH

- (a) County Pettis
(b) City or town Smithton
(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 James Paul 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

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

8. AGE: Years Months Days If less than one day
21 1 36 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

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Do not know (b) Mrs. J. B. Mowser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis
(c) City or town Smithton MO
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country no (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month apr day 24
year 1997 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 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?

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

23. Signature E. E. Holtzen (M. D. or other)

Address Smithton MO Date signed

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

SUPPLEMENTARY

S-15475