

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 169

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: Bothwell 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 6 days (years, months or days)

3. (a) PRINT FULL NAME Boyd E. Young

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Margaret Young 6. (c) Age of husband or wife alive years  
7. Birth date of deceased September 21, 1892 (Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Coon Rapids, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alexander Young  
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)  
14. Maiden name Martha Hupp  
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Young (wife)  
(b) Address Hughesville, Missouri  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (Month) (Day) (Year)

(c) Place: burial or cremation Longwood Cemetery  
18. (a) Signature of funeral director Emory Jones/None  
(b) Address Sedalia, Missouri  
19. (a) 6/14/41 (Date received local registrar) (b) Mrs. Harry Sisco (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Hughesville (Rural) 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th  
year 1941 hour 2:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 27 1940 to May 12 1941,  
that I last saw him alive on May 12 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Duration  
Acute dilatation of heart.  
Due to Myocarditis  
Due to Coronary Arteriosclerosis

Other conditions (Include pregnancy within 5 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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature S. P. Campbell (M. D. or other) J. A.  
Address Sedalia, Mo. Date signed 5-19-41

*Dr. Campbell.*  
*312 1/2 S. Oak*

RECEIVED  
Health Officer No. 8,  
District File Number  
6-11-41

### 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.....

*John E Myers*

Licensed Embalmer No. *3220*

P. O. Address *Adelia, 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.**