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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19317

State File No. _____

Registration District No. 1070

Primary Registration District No. 0190

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Rural Jefferson

(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 13 yrs. years, months or days

3. (a) PRINT FULL NAME James Thomas 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 Widowed

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

7. Birth date of deceased Sept. 21 1842
(Month) (Day) (Year)

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

98 7 26 hr. min.

9. Birthplace Hancock / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Baptist Minister

11. Industry or business _____

MOTHER FATHER { 12. Name George Young

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

14. Maiden name Sarah Johnson

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

16. (a) Informant Victoria Holwager

(b) Address Mc Gee do.

17. (a) Burial (b) Date thereof May 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Janison Cem.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Luteville, Mo. J. E. Graham

19. (a) May 29 1941 (b) G. H. Himmel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne

(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1941 hour 5:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 10 1941 to May 17 1941,
that I last saw him alive on May 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis and Senility

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? _____

812 (Specify type of place) _____
While at work? (a) Means of injury _____

23. Signature E. C. Masters (M. D. or other) MO.

Address Advance Mo. Date signed May 21 1941

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

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

J. E. Graham

Licensed Embalmer No.

4010

P. O. Address

Tusculum

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.