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X23159

Registration District No. 334

Primary Registration District No. 5465

Registrar's No. 41

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

1. PLACE OF DEATH: Harrison
 (a) County Bethany Rural Mo.
 (b) City or town Bethany Rural Mo.
 (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 1
 In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: ⁰⁴¹
 (a) State Mo. (b) County Harrison
 (c) City or town Bethany Rural
 (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.? 0 years.

3. (a) PRINT FULL NAME Isabell Youngs
 3. (b) If veteran, name war: - 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 30
 year 1941 hour 7 minute P. M.
 21. I hereby certify that I attended the deceased from Aug 7, 1930 to June 30, 1941;
 that I last saw her alive on June 30, 1941;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Wm. Youngs 6. (c) Age of husband or wife if alive 1845
 7. Birth date of deceased: 5-30-1845
 (Month) (Day) (Year)

Immediate cause of death: Coronary atherosclerosis
 Due to Sclerosis of vessels
 Due to Hypertension
 Other conditions (Include pregnancy within 3 months of death) 940

8. AGE: Years 96 Months 1 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Harrison Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____
 12. Name Ivan Low
 13. Birthplace Donal Kansas (City, town, or county) (State or foreign country)
 14. Maiden name Isabell Price
 15. Birthplace Donal Kansas (City, town, or county) (State or foreign country)

16. (a) Informant George Youngs
 (b) Address Bethany Mo.

17. (a) Burial (b) Date thereof: 7-2-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hatterden

18. (a) Signature of funeral director J. M. Neal
 (b) Address Bethany Mo.

19. (a) 7/5/41 (b) Zola M. Burres
 (Date received local registrar) (Registrar's signature)

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 J. M. Neal (M. D. or other) D
 Address Bethany Mo. Date signed July 4, 1941

SEP 3 1941

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. 1078

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1078

P. O. Address Bethany

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.