

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29008**

Registration District No. **651**

Primary Registration District No. **4388**

Registrar's No. **79**

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

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville, Tenn  
(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 \_\_\_\_\_  
In this community 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Melinda Young

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

4. Sex F 5. Color or race W 6. (a) Widowed

6. (b) Name of husband or wife James Young 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 13, 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 29 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Paris, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name William Easley  
13. Birthplace Paris, Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Easley  
15. Birthplace Carroll County, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul McPheeters

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof Aug. 12, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cem.

18. (a) Signature of funeral director LaFonge Und. Co.

(b) Address Caruthersville, Mo.

19. (a) Aug. 13, 1941 (b) Ada Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. 109 E. 15th St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10  
year 1941 hour 2 minute 5 P.M.

I hereby certify that I attended the deceased from Aug 7<sup>th</sup> 1941  
Aug 10, 1941, to Aug 10, 1941,  
that I last saw her alive on Aug 10, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Sclerosis  
Cerebral Hemorrhage  
Jelland  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Coronary Sclerosis

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy g4a

Duration  
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 time of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M.D. or other)  
Address Caruthersville, Mo. Date signed 8-13-41

9-41-15

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**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. G. Schuman*

Licensed Embalmer No. 4086

P. O. Address Cantherville, 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.**