

No. 2  
1-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34391**

FILED NOV 25 1941

Registration District No. ....

Primary Registration District No. **1001**

Registrar's No. **971**

1. PLACE OF DEATH:

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH** *Center*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **STATE HOSPITAL No. 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 months**  
(Specify whether years, months or days)

In this community **10 months**  
(years, months or days)

3. (a) PRINT FULL NAME **CORR BELL YOUNG**

3. (b) If veteran, name war **- none**

3. (c) Social Security No. **none**

4. Sex **female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **widow 2**

6. (b) Name of husband or wife **Robert Frank Young**

6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **July 2 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>3</b>	<b>5</b>	<b>3 hr. 56 min.</b>

9. Birthplace **Brownville Nebraska**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Franklin Bayless**

13. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sophronia Mc Neal**

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

16. (a) Informant **Virgil B. Young**

(b) Address **Rockport Mo.**

17. (a) **Removal** (b) Date thereof **10/7/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rockport Mo.**

18. (a) Signature of funeral director **Walter Bowman Jones**

(b) Address **319 So. 10th St. - Home**

19. (a) **Oct 7 1941** (b) **W. S. Scott**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Buchanan**

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

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

(e) If foreign born, how long in U. S. A.? **X** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **7**  
year **1941** hour **3** minute **56** A.M.

21. I hereby certify that I attended the deceased from **7-1**, 1941, to **10-5**, 1941;  
that I last saw her alive on **10-5**, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**

Duration **3 days**

Due to **107**

Due to **107**

Other conditions **Nodular Gaiter** **25 yrs**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **none**

Of operations **none**

Of autopsy **none**

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) **none**

(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 **fall**

23. Signature **A. R. Edwards** (M. D. or other) **MD**  
Address **St. Joseph Mo** Date signed **10-7-41**

D.D. (Licensed Embalmer's Statement on Reverse Side)

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 10-7-  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm B Summer

Licensed Embalmer No. 3007

P. O. Address St Joseph St

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.