

FILED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34701

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 283

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Central Missouri Trmst Bldg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 day  
years, months or days)

3. (a) PRINT FULL NAME Stanley Homer Young  
3. (b) If veteran, name war V 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 14 1937  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 9 2 hr. min.

9. Birthplace Wichita, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Homer R. Young  
13. Birthplace Atlanta, Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Golda Beers Kennett  
15. Birthplace Augusta, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Homer R. Young  
(b) Address Linn, Missouri  
17. (a) Removal (b) Date thereof Oct-7-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Latham, Kansas  
18. (a) Signature of funeral director Thos J Corley  
(b) Address Jefferson City, Missouri  
19. (a) 10-7-41 (b) Norma Dickor  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76  
(c) City or town Linn 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 6 day Oct  
year 1941 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 6  
1941, to Oct 6 1941;  
that I last saw him alive on Oct 6 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death convulsion  
Due to convulsion 10 minutes  
ruptures (acute)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 130  
Of autopsy no  
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 MR Reddick (M. D. or other) MSO  
Address J to Date signed 10/6/41

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

6  
5  
4

**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 *Ferd P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City*

**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.**