

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35149

Primary Registration District No. 5545

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Annapolis
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Annapolis
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Thomas Young

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased Dec 23 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace Moselle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Lead mine

12. Name unknown

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

14. Maiden name Susan Todd

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

16. (a) Informant Mrs. Laura J. Davis
(b) Address Annapolis Mo.

17. (a) burial (b) Date thereof 8/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Des Arc Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address 13, 6th Street Ironton Mo.
19. (a) 1006-1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1941 hour 2 minute 55 A. M.

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

Immediate cause of death Terminal Pneumonia
Prostatic
Due to _____
Due to _____

Other conditions 1378
(Include pregnancy within 3 months of death)

Major findings: [Signature]
Of operations _____
Of autopsy _____

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 [Signature] (M. D. or other) _____
Address Bredmont, Mo. Date signed 10/2/41

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

7000

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.