

Registration District No. 508

Primary Registration District No. 5685-5675 Registrar's No. 144

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9 miles N.W. Chillicothe, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 70 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 059
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9 miles N.W. Chillicothe
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME John Martin Young

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Young
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Deleware Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Young
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Lipe
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Young
(b) Address R.R. #3 Chillicothe, Mo.
17. (a) Burial (b) Date thereof 10-22-'41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address 434 Locust Chillicothe, Mo.
19. (a) October 21 (b) Lou Elba Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 20
year 1941 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from Oct 14 1938 to Oct 20 1941
that I last saw him alive on Oct 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency, about 30 yrs
Duration _____
Due to _____
Due to _____

Other conditions Arteriosclerosis 30 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ 928
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged etiologically.

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) 0
Address Chillicothe, Mo. Date signed 10/21/41

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

59
0
0

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.....

..... Elton F. Norman & E. R. Norman (2374)., Registered Apprentice No.
working under my personal supervision.

Signed..... Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address..... Chillicothe, 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.