

0. 2  
-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38174

FILED DEC 11 1941

State File No. \_\_\_\_\_

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 148

1. PLACE OF DEATH

(a) County Cooper

(b) City or town Bronville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)

In this community 26 yrs - 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. Clear Creek Twp Rural  
Pilot Grove, Mo (If rural, give location)

(e) Citizen of foreign country: N.F.S. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LINUS HENRY - YOUNG

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th.  
year 1941 hour 5.15 minute A.M. M.

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: Nov. - 3 - 1915  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on Never Seen Alive, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

8. AGE: Years 26 Months \_\_\_\_\_ Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Artery Pulmonary Embolism

Due to Accidental Injuries Broken Back

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 7 Days

9. Birthplace Clifton City, Mo.  
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business same

MOTHER FATHER { 12. Name Ferman Young

13. Birthplace Pilot Grove, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Grandy Evans

15. Birthplace Pilot Grove, Mo.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov. 8, 1941 7:11

(c) Where did injury occur? Clear Creek Cooper Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm

16. (a) Informant Bertum Feltner

(b) Address Pilot Grove, Mo

17. (a) Burial (b) Date thereof: 11-17-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

23. Signature L. J. Menter (Specify type of place) Wagon 3  
While at work? YES (e) Means of injury \_\_\_\_\_

Address Bronville, Mo. Date signed 11/15/41

18. (a) Signature of funeral director W. J. Painter

(b) Address Pilot Grove, Mo

19. (a) 11-15-41 (b) D. Cooper  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-9-41

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

Licensed Embalmer No. " 3074

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.