

DEC 18 1941

Registration District No. 259

Primary Registration District No. 5703

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County. Mercer
(b) City or town. Medicine Township
(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. 3 month years, months or days

3. (a) PRINT FULL NAME Hannah Jane Young

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 6 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Grundey Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name. Wesley Ellis

18. Birthplace. Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Kirtley

15. Birthplace. Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Kelly Young

(b) Address. Spickard MO

17. (a) burial (b) Date thereof Nov-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem Spickard MO

18. (a) Signature of funeral director. Chas. E. Schooler

(b) Address. Spickard MO

19. (a) Dec 3, 1941 (b) Mrs. Paul Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County Grundey Co
(c) City or town. Spickard
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1941 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from January 1, 1941 to November 24, 1941
that I last saw her alive on November 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 10 days

Due to. ✓

Due to. ✓

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations ✓

Of autopsy ✓

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 C. M. McClellan (M. D. or other) md

Address Spickard Date signed mo

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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..... *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Richard Mc*

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, above space should be left blank.