Duplicate of 22032-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42333

Registration District No. 465 — Primary Registration District No. 5620 B — Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Rural - Middleton
(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 Lafayette
(c) City or town Rural Route No. 1
(If outside city or town limits, write "RURAL")
(d) Street No. Middleton R.R. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Lifetime years.

3. (a) PRINT FULL NAME Dennis Robert Young
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Pol
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 December (Month) 25 (Day) (Year)

8. AGE: Years 67 Months 5 Days 26 If less than one day — hr. — min.

9. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
MOTHER FATHER
12. Name William Young
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
14. Maiden name unknown
15. ~~Birthplace~~ Ruth J. Young (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Ruth J. Young
(b) Address 206 E 24 St Higginsville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 '41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt. Hope
18. (a) Signature of funeral director Greenan Sons
(b) Address 206 So. 24 St Lexington Mo
19. (a) June 21, 1941 (Date received local registrar) (b) Clayton W. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1941 hour 6:00 minute P M.
21. I hereby certify that I attended the deceased from June 21, 1941, to June 21, 1941; that I last saw him alive on June 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	3
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no ~~operat~~ 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? (Specify type of place)
While at work? (e) Means of injury X

23. Signature Geo A Kelling (M. D. or other) MD
Address Waverly, Mo Date signed 6/21/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-16-45

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 George N. Green

Licensed Embalmer No. 4220

P. O. Address Springfield, Mo.

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

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