

JAN 10 1942

Registration District No. 614

Primary Registration District No. 6816

Registrar's No. 25

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

13
0
0

1. PLACE OF DEATH: Newton

(a) County _____

(b) City or town RFD # 1 Granby, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME George Dale Youngblood

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 24, 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>9</u>	hr. _____ min.

9. Birthplace RFD # 1 Granby, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER { 12. Name Geo. D. Youngblood

13. Birthplace RFD # 1 Granby, Mo.
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Bernice Cooper

15. Birthplace New Market, Iowa.
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. D. Youngblood

(b) Address RFD # 1 Granby, Mo.

17. (a) _____ (b) Date thereof Dec 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Diamond, Mo.

19. (a) Dec 3 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Granby, RFD # 1
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 3, day _____, year 1941, hour 4 minute 12 P. M.

21. I hereby certify that I attended the deceased from Aug 24, 1941, to Dec 3, 1941, that I last saw her alive on Dec 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Premature and in position

Due to _____

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: 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 Granby, Mo. Date signed 12-4-41

Duration 3 mo 4 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

2344

RECEIVED

District Health Officer No. 6,

District File Number 142-76

Date Filed JAN 8 1942

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. _____

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, above space should be left blank.