

FILED MAR 20 1944
Registration District No. 184

Primary Registration District No. 5256

Registrar's No. 31

1. PLACE OF DEATH

(a) County Christian
(b) City or town Rural - N. Galloway
(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 Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. N. 1st (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RALPH SAMUEL Young

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-24-2509

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 (Month) (Day) (Year)

7. Birth date of deceased Feb. 19 - 1922
(Month) (Day) (Year)

8. AGE: Years 19 Months 10 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Homer Young

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

14. Maiden name Eula Pope

15. Birthplace Mo. (1) (City, town, or county) (State or foreign country)

16. (a) Informant Dale Young

(b) Address N. 1st, Mo.

17. (a) Burial (b) Date thereof 12-26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delguzee Cem.

18. (a) Signature of funeral director J. H. Maples

(b) Address Clevers, Mo.

19. (a) Jan. 10-1942 (b) Luella Leonard
(Date received local registrar) (Registrar's signature)

196 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture in car accident on Highway 1.23 - 5 miles south of Nida, Mo.
Due to _____
Due to _____

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

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 002
(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 3
23. Signature B. C. Kleyton (M.D. or other) _____
Address Beark Mo. Date signed 2/22-1941

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

200

200

MAR 13 1942

RECEIVED

District Health Officer No. 6,

District File Number 342-393

Date Filed MAR 14 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6316
Registrar's No. _____

Registration District No. 184 Primary Registration District No. 5256

1. PLACE OF DEATH: Christian Rural
(a) County
(b) City or town
(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.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph S. Young
(b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

4. Sex m 5. Color or race w 6. (a) Single, widow, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 19 1927
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the _____ date and hour stated above.
Immediate cause of death Skull fracture
Motor accident on
Highway Duration _____

8. AGE: Years 19 Months 10 Days _____ (If less than one day _____ min)

Due to _____
Due to Seemed to have lost control
of car, and no other car involved
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
1702-8
28
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER }
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence December 24, 1941
(c) Where did injury occur? 5 miles south of Nixa
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Missouri on State Highway 123
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature B. C. Klepper (M. D. or other) Coroner
Address _____ Date signed 1/24/42

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

1941

