

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10507

State File No. _____

FILED APR 7 1942

Registration District No. 764

Primary Registration District No. 4096

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Jericov Spg
(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 1
In this community 74 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LAURA-YOUNGER

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Charles Younger 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept 12 1848 (Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Martha Carner
13. Birthplace N. Carol (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Dodd
15. Birthplace N. Carol (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carner Brown
(b) Address Gadonite Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Brasher Cem

18. (a) Signature of funeral director Dr. P. Long

(b) Address Jericov Spg

19. (a) Mar 4 1942 (Date received local registrar) (b) J.P. Schuck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar
(c) City or town Jericov Spg (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 Feb day 27 year 1942 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 24 1942 to Feb 27 1942 that I last saw her alive on Feb 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 8 days

Due to Chronic Cerebrovascular Disease ? yrs.

Due to Senility

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

Major findings: Of operations 932 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 Thomas G. Duckett (M. D. or other) M.D.
Address Sheldon Mo Date signed 3/3/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 4-42-265

Date Filed 4-1-42

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.....

Wm. P. Long

Licensed Embalmer No. 3714

P. O. Address Jerico Spg.

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.