

S. No. 2  
-1-4-41  
5-17-39  
P-I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 24 1942  
Registration District No. 334

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 5480

10879  
State File No. \_\_\_\_\_  
Registrar's No. 21

41  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Harrison  
(b) City or town McFall Rural Butler Twp  
(c) Name of hospital or institution \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Harrison 0410  
(c) City or town McFall Rural Butler Twp  
(d) Street No. Six mile NE McFall  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES THOMAS YOUNG  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 487-148791

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 15  
year 1942 hour 2 minute P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex M (5. Color or race W) (6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife. Neoma Florence Deceased (c) Age of husband or wife if alive years 23 1881  
7. Birth date of deceased (Month) Sept (Day) 23 (Year) 1881

Immediate cause of death: Angora pectoris  
Due to: Acute Indigestion  
Other conditions: \_\_\_\_\_  
Major findings: Of operations 94 lb  
Of autopsy \_\_\_\_\_

8. AGE: Years 60 Months 5 Days 20  
9. Birthplace Harrison County Missouri  
10. Usual occupation Farmer

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name William Young  
13. Birthplace Virginia  
14. Maiden name Nancy Jane Taylor  
15. Birthplace Harrison County Missouri  
16. (a) Informant William Young  
(b) Address Stewartville Mo.  
17. (a) Burial (b) Date thereof Mar 18 1942  
(c) Place: burial or cremation Mat Kings  
18. (a) Signature of funeral director W G Noble  
(b) Address New Hampton Mo.  
19. (a) 3-18-42 (b) Zola M. Burveys

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? \_\_\_\_\_  
(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 Joe E Wheeler (Mr. Doctor or other) \_\_\_\_\_  
Address Bethany Mo Date signed Mar 15 1942

PHYSICIAN  
Underline the cause to which death should be charged statistically.

FD

MAY 19 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.....

*W. G. Noble*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*W. G. Noble*.....

Licensed Embalmer No. *2904*.....

P. O. Address.....*New Hampton*.....

**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.**