

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethnell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 65
years, months or days)

3. (a) PRINT FULL NAME THOMAS BENTON YOUNG

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Hester Ford Young 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased December 1 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 3 12 hr. min.

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

10. Usual occupation Shoe maker

11. Industry or business _____

MOTHER FATHER { 12. Name John Young
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Elkins
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hester Young

(b) Address Sedalia, Mo.

17. (a) Buried (b) Date thereof 3/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director Mr. Laughlin B. B.

(b) Address Sedalia, Mo.

19. (a) 3/13/42 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 421 E 11
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13
year 1942 hour 3 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 14
1942 to Mar. 13 1942
that I last saw him alive on 13th Mar. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia and Bronchitis Duration _____

Due to Pneumonia & Bronchitis

Due to Advanced age

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 _____

(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 Dr. Campbell (M. D. or other) _____

Address Sedalia, Mo. Date signed 3-13-42

APR 6 1942

District Health Officer No. 8,

District File Number _____

Date Filed 4-2-42

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 _____

Robert H. Reid

Licensed Embalmer No. 3745

P. O. Address Bedalia

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.