

FILED MAY 20 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 128

14
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 19
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 36 yrs 8 m 2 d
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Matilda Young
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 1 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife DK 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased: Oct 16 1853
 (Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) 1 Md. st. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name DK 9
 13. Birthplace DK 9 (City, town, or county) (State or foreign country)

14. Maiden name DK
 15. Birthplace DK 9 (City, town, or county) (State or foreign country)

16. (a) Informant Record
 (b) Address _____

17. (a) Burial (b) Date thereof April 18, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine - St. Louis

18. (a) Signature of funeral director Geo. H. Wallace
 (b) Address Fulton, Mo.

19. (a) 4-17-42 (b) Joie Markhoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Call 14
 (c) City or town Jefferson City 1
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
 year 1942 hour 5-25 minute 0 M.

21. I hereby certify that I attended the deceased from 4-16, 1942, to 4-17, 1942
 that I last saw her alive on 4/16/42, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Due to Arteriosclerosis 10 yrs

Due to _____

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

Major findings: Of operations 97
 Of autopsy _____

Duration 1 day
 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 1

23. Signature George H. Reuss (M. D. or other) MD
 Address Fulton Mo Date signed 4/17/42

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 _____

Licensed Embalmer No. 3940

P. O. Address Fulton, Mo.

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.