

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Campbell Union
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home 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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin 35
 (c) City or town Campbell - City 0
 (If outside city or town limits, write "RURAL") 6
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar 8th day year 1942 hour 5 minute 30 P.M.
 21. I hereby certify that I attended the deceased from March 8 1942 to March 8 1942
 that I last saw him alive on March 8 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White
 6. (a) Single, widowed, married, divorced 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 5 1942 (Month) (Day) (Year)

Immediate cause of death Pneumonia
 Due to Measles
 Duration 10 hrs
 4 days
 Due to 35
 Other conditions _____ (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
 9. Birthplace Missouri "Union Twp" MO (City, town, or county) (State or foreign country)
 10. Usual occupation Baby
 11. Industry or business _____

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

MOTHER FATHER
 12. Name Edw Young
 13. Birthplace Ill. (City, town, or county) (State or foreign country)
 14. Maiden name Lena Montgomery
 15. Birthplace Mo. (City, town, or county) (State or foreign country)
 16. (a) Informant L.V. Young (b) Address Campbell Mo. Route
 17. (a) Burial (b) Date thereof Mar 9-42 (Month) (Day) (Year)
 (c) Place (burial) or cremation Bernice Mo.
 18. (a) Signature of funeral director Friends (b) Address Campbell Mo.
 19. (a) 3-9-1942 (Date received local registrar) (b) Mrs L.O. Oliver (Registrar's signature)

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 _____ (M. D. or other) _____
 Address Campbell, Mo. Date signed 3/9/42

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

3500

RECEIVED

District Health Office No. 2,

District File Number 442-482

Date Filed 4-13-42

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.....

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.