

FILED JUN 17 1942

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville (City)

(c) Name of hospital or institution: Wells - Lee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seven Weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Young

3. (b) If veteran, name war _____ (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lee Young 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February 28 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business Farming

12. Name Conrad Kaster

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jane Castelman

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence J Myers

(b) Address Queen City Mo

17. (a) Burial (b) Date thereof 6 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director Wm H West

(b) Address Quincy Mo

19. (a) June 8, 1942 (b) Mrs. J. P. Waynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 98

(a) State Missouri (b) County Schuyler

(c) City or town Queen City
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1942 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 27th
1942, to June 8th 1942

that I last saw her alive on June 12th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to Generalized Atherosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

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 2

23. Signature Wm Wells - Lee (M. D. or other) Do.

Address Wells-Lee Hospital Date signed June 8th 1942

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

MOTHER FATHER

RECEIVED.

District Health Officer No. 10

District File Number 6-42-1326

Date Filed JUN 15 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 Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

Wm N. West

Licensed Embalmer No.

2882

P. O. Address

Queencity 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.