

Registration District No. 360

Primary Registration District No. 55-08

1. PLACE OF DEATH:

(a) County Hickory  
(b) City or town Montgomery, Rural  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all life years, months or days

3. (a) PRINT FULL NAME Narrett A. Young

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

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Joseph Young 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 1, 1858 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Joseph Strong

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Fred Young

(b) Address Guthrie, Mo

17. (a) burial (b) Date thereof 5/13/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Zion

18. (a) Signature of funeral director JR Lueker

(b) Address Wheatland, Mo

19. (a) June 2-42 (b) Mary F Carlstrom (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory  
(c) City or town Montgomery - Rural  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 1912 19 42 to May 12th 19 42 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Debility following influenza & senility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 330 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 J. H. Murray (M. D. or other) 0  
Address St. Louis, Mo Date signed 5/24/42

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

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

43  
0  
0

1030 P  
4/11/42

RECEIVED

District Health Officer No. 7,

District File Number 6-42-592

Date Filed 6-8-42

Final A  
[Handwritten notes and signatures]

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 J.R. Lueckey  
Licensed Embalmer No. 13982  
P. O. Address Wheatland 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.

1030 P  
4/11/42