

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23741**
Registrar's No. **109**

FILED AUG 14 1942

Registration District No. **2010**

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1315 N. Clark St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Nannie Younger**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **George Younger** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **July 19, 1865**
(Month) (Day) (Year)

8. AGE: Years **76** Months **11** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Audrain County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **William T. Roberts** 13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Sims** 15. Birthplace **Callaway County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **James C. Younger** (b) Address **St. Louis, Missouri**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **July 18, 42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood, Mexico**

18. (a) Signature of funeral director **Paul E. Prunk** (b) Address **Mexico, Mo.**

19. (a) **July-16-42** (b) **Margaret H Mackie**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**
(c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
(d) Street No. **1315 N. Clark St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**
year **1942** hour **4** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **July 3**
19 **42** to **July 16** 19 **42**

that I last saw **h.e.** alive on **July 16** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Infirmitie of old age.**
Duration _____

Due to _____

Due to _____

Other conditions **1628**
(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 **John A. Owen** (M. D. or other) **Do**
Address **Mexico Mo.** Date signed **7-17-42**

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 8-42-155-4

AUG 11 1947

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.