

FILED SEP 4 1942 74
Registration District No.

Primary Registration District No. 5923

Registrar's No. 274

1. PLACE OF DEATH

(a) County. Pitts
(b) City or town. Rural Cedar TWO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 mi. N Sedalia Hwy 65
(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

3. (a) PRINT FULL NAME

Chas. M. Young

(b) If veteran, name war _____

(c) Social Security No. 44-16-6427

4. Sex. Male 5. Color of White 6. (a) Single, Single divorced, married.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased May 24 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 2 7 hr. min.

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

10. Usual occupation. Helper

11. Industry or business. Ice Cream Factory

12. Name. Edward Young

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

14. Maiden name. Stella Pace

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

16. (a) Informant. Mrs E. W. Young

(b) Address. Sedalia, MO

17. (a) Burial (b) Date thereof. 8/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Grown Hill

18. (a) Signature of funeral director. Ed. A. Allard

(b) Address. Sedalia, MO

19. (a) 8/3/42 (b) Mrs. Anne Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. Pitts
(c) City or town. Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 423 N. Stewart
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8:57 a.m. to 9:20 a.m.
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death. Injuries received in automobile accident
Skull fracture neck broken
Due to _____

Due to _____

Other conditions. 170 cc
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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). Accident

(b) Date of occurrence. July 1 1942

(c) Where did injury occur? Pitts MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway

While at work? no (Specify type of place) (e) Means of injury. Automobile

23. Signature. M. J. Bishop (M. D. or other)

Address. Sedalia

Date signed. 8-2-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-3-42

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.