

FILED OCT 14 1942
Registration District No. 206

Primary Registration District No. 6751

Registrar's No. 63

62
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Mill Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Michael's
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62

(c) City or town Mill Creek, Mo 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME EVERETT EUGENE YOUNG

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Infant

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
(Day) (Year)

7. Birth date of deceased January 5 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 15 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Charles A. Young

13. Birthplace Louisville, Miss!
(City, town, or county) (State or foreign country)

14. Maiden name Fella A. Newington

15. Birthplace Mill Creek Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. A. Young

(b) Address Mill Creek, Mo.

17. (a) Burial (b) Date thereof. 9-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremations Little Vine Man

18. (a) Signature of funeral director Stanley H. Ripon

(b) Address Fredericktown Mo.

19. (a) Sept 20 - 1942 (b) S. C. Blaugher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Sept
18th 1942 to Sept - 20 1942
that I last saw him alive on 1942 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Scarlet fever

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 8

Duration 3 days
about

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations.....

Of autopsy none

22. If death was due to external causes, fill in the following: L

(a) Accident, suicide, or homicide (specify)..... L

(b) Date of occurrence..... L

(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?
.....
(Specify type of place)

While at work? L Means of injury L

23. Signature M. D. Blaugher (M. D. or other) MD
Address Fredericktown Mo. Date signed 9/21/42

RECEIVED

District Health Officer No. 4
District File Number 1042-1256
Date Filed 10-13-42

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.....

(Not Embalmed)

....., Registered Apprentice No.

working under my personal supervision.

Signed *Stanley A. Dixon*

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.