

FILED OCT. 9 1942

Registration District No. **644 252** Primary Registration District No. **43754381** Registrar's No. **8**

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

1. PLACE OF DEATH:

(a) County **Madaway**

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

(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether)

In this community **Most of Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madaway**

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

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

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

3. (a) PRINT FULL NAME: **La Dean Holaday Young**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife **Byron Young**

6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **Aug 20 1908**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	1	1	_____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name: **William Albert Holaday**

13. Birthplace: **Fillmore Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Ida Simmons**

15. Birthplace: **Greentush Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Byron Young**

(b) Address **Hopkins Mo**

17. (a) Burial (b) Date thereof **9 23 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hopkins Cemetery**

18. (a) Signature of funeral director: **Campbell Funeral Home**

(b) Address **951 South Main Hannibal Mo**

19. (a) 9/23/42 (b) **H. S. Saylor**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **21**
year **1942** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **1/1 39** to **9/21 1942**
that I last saw him alive on **9/21/42** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic interstitial nephritis**

Due to _____

Due to **121a**

Other conditions (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: **John R. Hill** (M. D. or other)

Address _____ Date signed **9/22/42**

Duration **14 yrs**

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

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: William Campbell
Licensed Embalmer No. 2620
P. O. Address: Marquette, 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.